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MOTHER'S

MEDICAL INSTRUCTOR:

BEING

A COMPLETE COURSE OF DIRECTIONS

FOR

THE MEDICAL MANAGEMENT

OF

MOTHERS AND CHILDREN.

BY

ALEXANDER STOOKES,

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PREFACE.

THIS little book owes its origin to the suggestion of my friend Mr. Arthur Freeling, who has lately published a work, entitled "*The Young Bride's Book*," which, containing advice to young married women on many most important subjects, yet left his object incomplete without a medical accompaniment. Often as I have found the want of an epitome of this nature, it is probable that, but for his suggestion, I might not have prepared this little Brochure.

My object has been to give the young wife the experience of the matron, not to make her a Quack Doctor; to give her such directions as may enable her to ascertain when pregnancy has taken place, and such information and advice as will remove many anxieties and much inconvenience during

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the months of gestation *; which will enable her so to prepare for the hour of nature's sorrow, as to avoid much of the pain which too often attends it, and which is frequently occasioned by self-neglect during an earlier period; which will enable her to know that the requisites for the lying-in room are ready before the moment of their being wanted arrives; that she has proper support and attendance for that time of anxiety; that her baby has the proper necessaries prepared for its reception; and that when removed from the seclusion of her chamber, she may be able to watch its progress to maturity with precocious experience.

I have advised her when medical attendance will be necessary, that she may not delay it until the presence of a medical man will be futile; and I have directed her to such simple remedies as will prevent her uselessly summoning him, when his attendance is not required.

* The months of pregnancy.

Knowing that delicacy will frequently prevent the young wife from asking questions, even on points upon which she feels considerable and natural anxiety, I have gone at some length into the symptoms, and also the diseases of pregnancy; and I trust this little *tome* will be the means of allaying much anxiety, and of alleviating much pain, in this, the most interesting portion of the creation.

ALEXANDER STOOKES.

PREFACE

TO THE TENTH EDITION.

THE great favour shown by the public to his little book has induced the author to make some additions, which he flatters himself will make it more generally useful.

CHAPTER I.

ON PREGNANCY.

ITS SIGNS, WITH A FEW CAUTIONS RESPECTING THEM.

Signs of Pregnancy.—The Deity has implanted in the breast of every woman a desire for offspring; hence soon after marriage arises the anxiety to ascertain the probability of this hope being realized. To enable the young wife to do so, without recourse to personal inquiry, I shall give at some length the signs of pregnancy. These are liable to much variation, inasmuch as some pass through the whole period of gestation with comparatively little inconvenience, and first become aware of their situation by the quickening of the embryo, and the enlargement of

the abdomen. Most persons, however, are not so fortunate, and have some of the following symptoms: none of which can, however, be depended upon unsupported; but when several have been experienced, and they have followed with a degree of regularity, the fact may be considered as almost established.

General Symptoms.—When pregnancy has taken place, the face usually becomes pale, the under part of the lower eye-lid is of a leaden hue, the features become sharper, and not unfrequently the person becomes thinner; the temper is often more than usually irritable; sickness in the morning and after meals, feverishness, indigestion, heartburn, languor during the day, disturbed sleep and disagreeable dreams at night, are often the accompaniments of pregnancy;—a sense of bearing down; an irritation about the bladder and the seat; an unaccustomed flow of urine, are also not uncommon symptoms in the early stage of pregnancy.

State of the Umbilicus or Na-

VEL.—This, many have considered, presents one of the most decisive evidences of pregnancy. When it has taken place, the navel is drawn inwards and downwards during the two first months; in the third, it is natural; in the fourth, it is not so hollow as before conception; in the fifth and sixth, it is almost level with the surrounding surface; in the latter part of the sixth and the seventh month, it is quite so; while, towards the latter month of gestation, it projects considerably. If these symptoms follow in regular succession, they may be considered decisive signs of pregnancy.

CEASING TO BE UNWELL is one of the most common, and generally an early symptom of pregnancy; but it is by no means a certain sign, as it may arise from many other causes; if menstruation has been regular up to the time of marriage, it is good presumptive evidence. Such, however, are the caprices of nature, that in some persons this evidence is never decidedly manifested; in such cases, it will usually be

found that the discharge is smaller in quantity, returns at irregular intervals, and does not last the usual time.

ENLARGEMENT OF THE BREASTS.—This is an appearance, which, if unaccompanied by other signs, is of little value; but if it has been preceded by somewhat of a diminution of their size, and this enlargement then takes place about the third month after the preceding sign, and is accompanied by a slightly painful and prickling sensation; with a sort of knobular external feeling when the hand is applied to the surface, and particularly if there is occasionally a milky discharge from the nipple, it may be considered a presumptive evidence of pregnancy. It frequently occurs that the breast becomes enlarged shortly after marriage, from the person becoming stouter; but in this case the whole person experiences the same change, and the breasts are soft and have not that knobular feeling to the touch.

TURGESCENCE, OR SWELLING OF THE NIPPLE, and the appearance of

the areola, (or circle surrounding the nipple,) are by many writers considered as among the most decisive of those signs of pregnancy which are exhibited previous to quickening. In fair women, and particularly with their first child, the change in the areola is very manifest: from its beautiful roseate hue it turns to a dusky brown shade; it becomes more extensive and continues darkening until the term of gestation is completed. As pregnancy advances, a number of slight excrescences, resembling small pimples, will also frequently appear thereon, and when the individual has had children, or is of a dark complexion, this appearance is one of the best criterions for determining the true areola of pregnancy.

Morning Sickness frequently occurs soon after conception: it is occasioned by the weight of the womb pressing downwards, and thereby causing irritation and sympathetic action. It is neither a necessary nor an infallible sign of pregnancy, as sickness may

arise from other causes, and by some individuals it is never experienced. It may be observed, however, that it has this peculiarity, viz. that it does not affect the general health, nor does it usually impair the appetite.

ENLARGEMENT OF THE ABDOMEN. —At an early period of gestation, the abdomen usually becomes flatter, but it is not until about the third month that the enlargement is perceptible.

QUICKENING is perhaps the first sensation which proves to the mother the vitality of her child (the imagination might picture it as the moment when the soul first takes possession of its earthly tenement). The feeling is so peculiar and so sudden, that it often occasions fainting and hysteria. The sensation, which has been likened to the fluttering of a bird, is occasioned by the womb suddenly rising from the pelvis*, where the motion of the child could not be felt, to a part that is more

* The pelvis is that part of the body which is defined by the right and left hip, and the bone at the lower part of the front of the body and the back bone.

sensible. It is not uncommon for a few drops of blood to escape from the *uterus**, at the moment of the first sensation. Quickening usually takes place about the fourth month or eighteenth week; but in some cases it occurs as early as the third month, and as late as the fifth. At first the movements of the child are feeble; but in a short time they become strong, and its motions are felt not only internally but very distinctly by applying the hand to the abdomen. Instances are of frequent occurrence, when the motions of the child are so lively as to occasion much distress to the parent: but a sensation resembling this cannot be depended on as a proof of pregnancy, if it be unsupported.

Other Symptoms there are which may be denominated *Sensible*, which prove the fact of pregnancy much more satisfactorily than any here related: such are ascertained by Auscultation and Balottement, and can only be decided on by an accoucheur.

* Uterus, the *womb*.

CHAPTER II.

ON PREGNANCY.

CIRCUMSTANCES WHICH MAY INDUCE SYMPTOMS RESEMBLING PREGNANCY — ON THE DURATION OF PREGNANCY, AND THE MODE OF RECKONING — ON DIET, DRESS, EXERCISE, LATE HOURS, BLOOD-LETTING — ON LONGINGS, AND THE INFLUENCE OF THE IMAGINATION UPON THE CHILD.

OBSTRUCTION OF THE MENSES, OR PERIODICAL DISCHARGE.—So many diseases may produce this effect, that there is not space here to go into particulars; suffice it to warn those of my readers, especially who are married late in life, that this obstruction, though continued for months, is no proof of pregnancy, although, as before said, if the individual be *young*, and has been regular up to the time of marriage, it may be considered as presumptive evidence.

ENLARGEMENT OF THE BREASTS may arise from increased obesity or from the stoppage of the menses.

SICKNESS, HEARTBURN, LANGUOR, DISTENSION of the ABDOMEN, may each arise from indigestion.

QUICKENING.—Persons who marry late in life, are most liable to be deceived by an appearance of quickening when pregnancy has not taken place; and, even medical men have been deceived by this appearance when they have relied on it unsupported by other evidence; this sensation is occasioned by the collection of wind in the bowels, which, even to the touch, resembles the movements of a child.

ENLARGEMENT of the ABDOMEN may arise from dropsy, disease of the ovum, excessive obesity, and many other causes, which brings us to the conclusion with which we set out, viz., that, although each of the signs of pregnancy enumerated may be valuable as accessories, yet, isolated, neither is an infallible one of pregnancy.

DURATION OF PREGNANCY, AND

Mode of Reckoning.—The duration of pregnancy seldom exceeds forty weeks, or nine calendar months, although it sometimes continues as long as forty-five weeks, and sometimes not more than thirty-seven weeks; without, in either case diminishing or adding to the size of the child or the perfection of its formation. Births which occur within the last mentioned period will be treated of under the head of premature labours.

Reckoning.—The usual mode is to calculate from the last time of being unwell, as impregnation generally takes place within fifteen days, or perhaps more often within a week after: this, therefore, is considered the best datum by which to reckon; although some calculate with great correctness from the period of quickening, allowing four months for the past time. Neither of these data can usually be depended upon so as to foretel the event to a day, although I have known ladies predict the event within a week of its occurrence; and a celebrated accoucheur relates a case of

a lady who informed him, shortly after quickening, that she would be confined on Lord Mayor's Day, the 9th of November, and actually verified her prediction.

ON DIET, EXERCISE, BLOOD-LETTING, AND THE STATE OF THE BOWELS, DURING PREGNANCY.—DIET. It is a popular error that an individual in a state of pregnancy requires more nourishment than at any other time. I would indeed rather advise a decrease than an increase of the usual quantity of food. It is very probable that the appetite will become more craving, but this should not be indulged; as, if so, it will become voracious and cause much pain and inconvenience, and frequently produce severe attacks of indigestion, flatulence, vomiting, spasm, diarrhœa, (see article "Costiveness.") The young mother in particular will feel a still more imperative call upon her self-denial when she is informed that the indulgence of this capricious appetite must injure her own health, and consequently impair that of her child. If, however,

the general health was not good before pregnancy — if the appetite was very small — and if after pregnancy the health is improved and consequently the appetite proportionably and rationally increased, there can then be no objection to its moderate gratification; always, however, keeping in view the fact, that most people eat much more than is necessary; make too much rather than too little blood, and that this latter event is now particularly objectionable. The simplest food, and that which contains most nourishment in the smallest compass, is the most appropriate for pregnant women; mucilaginous aliments, such as turnips, parsnips, cabbage, carrots, and asparagus, should be avoided or partaken of sparingly, and always with as much black or red pepper as convenient. Fried, baked, salted and spiced meats ought to be wholly avoided; and whatever may be the food taken, let it be well masticated. Stimulants, such as wines, spirits, or cordials, must be avoided, or taken with great moderation. Tea, cof-

fee, chocolate, and indeed liquids of any kind taken in excess, are, particularly in a state of pregnancy, highly injurious.

DRESS.—The dress of a pregnant woman should be always loose, tight lacing must on no account be allowed; it prevents the development of the breasts and abdomen; impedes the growth of the infant, causes inflamed breasts, sore nipples, and all the disastrous consequences which result therefrom; occasioning acute suffering to the mother, and frequently depriving her of the comfort of suckling her child. In the advanced stage of pregnancy it will frequently produce palpitation of the heart, swelling of the legs and veins, costiveness, and scalding urinary evacuations. Obstinate coughs, and spitting of blood, also not unfrequently accrue from the same cause.

EXERCISE.—Popular errors upon this subject of a directly opposite character exist, both of which must be avoided. The first is, that the individual cannot take too much exercise; hence the honey-moon (as it is termed) is spent

in running all over the country—seeing every thing that is to be seen; and thus going through fatigue which in the ordinary routine of existence would be shrunk from. Other persons, whose station will not admit of this sort of dissipation, make this period a season of revelling, parties, and late hours, and confine their excursions to the Sunday; this is frequently employed in long rides or walks. Thus passes the first month or two of pregnancy. Illness and debility naturally ensue; the parties become alarmed—rest is recommended—is probably of service, and thus leads to an opposite evil in the later months, *i. e.* total seclusion and abstinence from exercise. The second error is the reverse of this; some suppose that, in the early months of gestation, exercise should be wholly avoided, and in the latter months that it may be resorted to without restraint: this is even a more fatal error. I would wish mothers to pay particular attention to the following remarks:—

Be it then observed, that, after con-

ception has taken place, the individual should for days take but little exercise; her mind should be kept perfectly quiet, and all exciting causes should be avoided. Moderate exercise is, however, proper at every period of gestation, unless symptoms of miscarriage present themselves. Walking is the best exercise, but it should *not* be continued until fatigue is produced. Sailing is a very beneficial mode of exercise, if the season be favourable. Long journeys—long walks—running or dancing, should be particularly avoided: one would imagine it superfluous to caution a pregnant woman against the latter, particularly if she be in an advanced stage, as delicacy might naturally be supposed a sufficient barrier to such a gratification; unfortunately, however, we too frequently are called upon to counteract the consequence of this indelicate imprudence, to believe that all can be confined by such a restraint. We are indeed sometimes tempted to believe that the intellect of such people is deposited in their heels instead of their heads,

such is the recklessness with which it is prosecuted. Violent exercise is the ordinary cause of floodings from the womb: abortion, rupture, or premature labour may follow; and be it recollected that miscarriage is far more injurious than parturition at the proper period. Lamentable instances of its effects are continually brought under the observation of every medical practitioner: few, indeed, whose practice has been extensive, but have seen the young and lovely thus hurrying onwards to a premature grave, from the momentary indulgence of a whim—a vanity—and in spite of his advice, and in defiance of his warnings.

As the period of parturition approaches more rest is required than in the earlier months; still, however, recollect that air and exercise, if they can be taken without fatigue, will be highly beneficial. Many cases will arise in which exercise must be avoided; I mean when there is a tendency to miscarriage; I have known individuals who have been thus necessarily

confined to their apartment, in a reclining position, or even to their bed, for days, weeks, and even months. I would strongly advise any who have miscarried to take but little exercise, to lie much upon a couch during the day, and most scrupulously to avoid dancing; such, however, has been the infatuation of some ladies, that, after repeated miscarriages, this trifling gratification could not be refrained from.

LATE HOURS are highly injurious to the pregnant woman; she should retire to bed early, and take from seven to nine hours' repose; common sense and ordinary experience must force this on her attention; the lethargy and fatigue which affects her towards night —the desire to be disburdened of her clothes—the refreshment which she experiences by their being loosened from their ordinary fastenings, all point out to her the requirements of nature: how weak, indeed, how wicked then is it to permit these *importunities* of nature to be unattended to: my fair readers may

rely upon the fact that they must suffer eventually if they neglect her requirements, and not they only, but their offspring; for this desire after rest is one of those demands which arise out of an organic law, which cannot be disregarded without subsequent punishment.

BLOOD-LETTING is supposed by ignorant persons to be a necessary operation, which must occasionally be performed during pregnancy. This is an error as absurd as it is popular: in a few cases it may be required—in the majority it assuredly would be productive of much mischief. Let it never be done except under the ADVICE OF YOUR MEDICAL ATTENDANT.

STATE OF THE BOWELS.—No person can be in health who has not an alvine evacuation perhaps daily. How very necessary, therefore, is attention to the state of the bowels during pregnancy. Indigestion, hysteria, flatulency, spasms, and many other ills, are the consequence of inatten-

tion to this important particular. For directions upon this subject, see "Costiveness."

ON THE INFLUENCE OF THE MOTHER'S IMAGINATION UPON THE CHILD.—The supposition that the mother's imagination, her longings, or her disgusts, can affect the form, or mark the child in her womb, is opposed to science and the experience of Obstetricians*, as well as to reason and common sense. The best writers agree, that the circulation even of the blood between the mother and the child is interrupted, and that there is no nervous connection whatever†; in fact, that the only means of communication between them, viz., the *placenta*, has no nerves, consequently, that there can be no nervous influence in opera-

* OBSTETRICIANS—*Midwifery practitioners.*

† The simplest proof that I can refer to of the non-existence of nervous connection between mother and child is the fact, that NO PAIN is experienced by either when the umbilical cord (*or navel string*) is dissevered. If there were nerves, acute pain would be experienced by both.

tion. If we appeal to common sense, how decided is reason in opposition to the absurd belief. The embryo* has in itself the elements of all the parts of the future child, how then can imagination destroy those elements? The fœtus being perfect in all its parts, how can the imagination dissever a limb, or confer an additional one? Can this mental power add an inch to the mother's own stature, a finger to her own hand, a mark upon her own person? in herself she is of course subject to the whole influence of the nervous system, the seat of the imagination; yet did we never hear of any one having had the hardihood to assert the existence of this power. If then this be impossible, as regards herself, how can the imagination thus act upon a being with whom she has no nervous connection whatever? Again: can the will

* The term *embryo* is applied to the living being, during the three first months of pregnancy, or until its different parts are distinct from each other. The term *fœtus*, during the remainder of its sojourn in the womb.

of the mother determine the sex of her child? Can her imagination make it large or small, dark or fair? Can she impart to it her own features, or those of its father? Some authorities have asserted, that the latter might be determined by the comparative vigour of the parents at the moment of conception, but none have pretended that it could be the result of imagination. Thus then is anatomical science and common sense opposed to the belief. Let us examine the experience of medical men. Dr. Hunter particularly directed his attention to the subject, and states that, in every one of 2000 cases the woman was asked if she had been alarmed by any appearance, injured by any accident, or longed after any food; that, in the major part of the cases, the woman asserted that she had longed, or had been frightened or disgusted; but that in no one of the 2000 cases did he meet with a coincidence. He met with various eccentricities of nature where no cause was assigned, and found none where

the mother had been fearfully apprehensive of the appearance of such. Modern writers, with very few exceptions, are opposed to the imaginative theory. The celebrated naturalist, Buffon, says, we might as well expect that if a hen on her nest were to see the neck of a cock twisted that her chicks would be hatched with crooked necks, as believe that a child would be born with dislocated limbs through the mother having seen a man broken on the wheel; and certainly no sight would be likely to create so horrible an effect upon the imagination as the witnessing of this awful punishment. Obstetricians assert that, in almost every case women will inform them they have had either frights, disgusts, or longings; yet there is not one child in 5000 which is born with a blemish. We have now proved that anatomical science, common sense, the experience of Obstetricians, and the experience of every one who has inquired, are all against this absurd belief; and, therefore, that the mother may divest her

mind of any fear of the consequences to her child. Let her be frightened by rats, cats, bears, or baboons; let her long for mulberries or *gooseberries*, she may be certainly assured that the effects neither of her longings nor her disgusts will be entailed upon her infant; and that, in fact, from the time of conception, the child has, as it were, an existence independent of the mother, except so far as the circulation is concerned, which nourishes and brings the embryo to perfection.—"As the tree falleth, so it lieth;" as the child is conceived, so will it be brought forth, if not destroyed.

I would, however, advise women to avoid all objects of disgust, not for fear of the consequences to their child, but for fear of their exciting that nervous irritability, of which pregnant women are often so susceptible, and which frequently occasions so much mental pain. If the imagination be excited, the mother will anticipate all manner of evils, which evils do not and cannot exist; but the imagination may cause as

much temporary anxiety as though the evil was inevitable and irremediable. I shall close these memoranda by remarking, that the marks and deformities of infants can be philosophically accounted for; but as it would involve much delicate discussion fully to explain these causes, and it could be of use only to the professional man, who is of course expected not to require the explanation, I have thought it best to omit it.

CHAPTER III.

ON THE DISEASES OF PREGNANCY.

THE MANAGEMENT OF THE NIPPLES BEFORE CONFINEMENT—OF ABORTION, MISCARRIAGE, AND PREMATURE LABOUR—SYMPTOMS PRECEDING LABOUR—OF THE CHAMBER OF ACCOUCHEMENT AND ITS REQUISITES.

By the diseases of pregnancy we understand those which arise from pregnancy as their cause, or which, from their accidental connection with it, require a modified treatment. Of the more common forms I shall now give a brief description. Did I enter into all, I should fill a volume, and cause needless alarm to my readers, who are to recollect that pregnancy does not necessarily entail any diseases; the inhabitants of many regions, who live in a natural state, have little inconvenience even from paturition; and they

will be free from pain and sickness, in the proportion that they abandon exciting causes, and attend to the dictates of nature: even in our artificial state of society there is no reason for anxiety; women in general do well—I had almost said invariably do well—when they attend to the rules laid down for the preservation of their general health.

VOMITING generally commences shortly after conception, and leaves on quickening. It is usually most troublesome on rising, and hence has obtained the name of *Morning Sickness*, though its attacks are not unfrequent after meals. Sometimes it is very violent and continues all day, and every thing taken into the stomach is rejected. This form of the disease requires great attention, and the presence of a medical man. The former will generally be relieved by a mixture composed of a scruple of carbonate of potash, dissolved in a wine glass of water, and taken with a tablespoonful of lemon-juice. These draughts may

be repeated thrice a day if the sickness be troublesome; or half a teaspoonful of citrate of potash in water every hour, until the sickness is removed. A little cold camomile tea during the day is of service.

If there be, in addition, pain or pressure at the pit of the stomach, half-a-dozen leeches may afford ease; but in such case I would rather you should apply for advice, particularly if a rag dipped in laudanum and applied to the part does not give relief; you may, however, try this first. The bowels should be kept well open by some of the medicines recommended under the head of "*Constipation.*"

HEARTBURN AND ACRID ERUCTATIONS denote acid in the stomach, and are relieved by opening the bowels with magnesia, or taking half a teaspoonful of carbonate of soda, or a wine-glassful of lime-water in milk, three times a day, or when required.

SPASMS, OR CRAMP OF STOMACH AND BOWELS. If slight, fomentations of poppy heads and camomile flowers

should be applied, and ten drops of laudanum and a teaspoonful of tincture of rhubarb be taken in an ounce of aniseed water every fourth hour. If violent, advice must be taken.

CONSTIPATION is very usual in pregnancy, and should be carefully guarded against, as it is the groundwork of most of the diseases that arise at that period. A lavement or clyster, administered every morning, (composed of a handful of salt and a pint of water or thin gruel,) will frequently afford relief: it should be given in a recumbent position, to prevent the pressure of the womb upon the lower part of the bowels, and I would advise the urinary bladder to be emptied before the application; if the above is not sufficiently active, add a tablespoonful of castor oil. Either of the following domestic medicines taken in the usual quantities will also generally effect the same object—Castor oil, rhubarb and magnesia, senna tea and manna; or the following draughts or pills may be taken:—*Draughts*—Take of sulphate

of magnesia half an ounce, of tincture of senna and of syrup of buckthorn two drachms, of infusion of senna one ounce. Mix—to be taken in the morning. *Pills*—Take of compound pill of rhubarb one drachm; divide it into twelve pills; one, two, or three to be taken at bed-time. These are mild. Take compound extract of colocynth, and of compound aloes pills, each half a drachm. Divide into twelve pills; one, two, or three to be taken at bed-time. These are stronger *.

DIARRHŒA, OR PURGING.—This often arises from the bowels having been constipated. Take half an ounce of castor oil and ten drops of laudanum; or a dose of magnesia and rhubarb; and if after the operation the purging continues, take two or three tablespoonfuls of the following every fourth hour:—Of chalk mixture four ounces, aromatic confection half a drachm, tincture of opium twenty drops. This will generally check it.

* These medicines may be got from any druggist.

Should it not, immediately apply for medical advice.

PILES are small tumours at the verge of the seat, which sometimes bleed. They generally arise from constipation; and the bowels should be kept open as directed in "Constipation," or by small doses of sulphur and cream of tartar in treacle. The following ointment will afford great relief: Take of powder of nut-galls one drachm, of powdered camphor half a drachm, of powdered opium one scruple, of ointment of marshmallows one ounce. Mix—and let the size of a small nut be rubbed on thrice a day. If the piles are very painful six leeches should be applied, and the part frequently fomented.

JAUNDICE arises sometimes about the fourth month, and disappears at the eighth or ninth. If the tinge is slight, taking three grains of the blue pill at night, and the following mixture in the day, will be sufficient to remove it; but if very great, advice should be taken. Take of carbonate of soda two

drachms, powder of rhubarb one drachm, extract of taraxacum one drachm, water eight ounces; mix—Two tablespoonfuls to be taken three times a day.

ITCHING OF THE GENITALS is often troublesome. The bowels should be kept open with seidlitz powders, Epsom or Cheltenham salts, and a spunge wet with lead water often applied to the parts.

IRRITATION OF THE BLADDER, RETENTION OF THE URINE, OR DIFFICULTY OF PASSING IT, require the bowels to be kept open. Drinks of linseed tea, barley water, &c., should be taken freely; and the patient should recline on a sofa. Great care should likewise be taken not to retain the urine long. Half a drachm of tincture of henbane at bed-time is often of service.

INVOLUNTARY PASSING THE URINE WHEN COUGHING OR LAUGHING is troublesome, but not to be cured. It is considered a favourable sign: rest is the only palliative.

PALPITATION OF THE HEART AND DIFFICULTY OF BREATHING are best relieved by rest, and taking during the paroxysm a few drops of ether, eau de luce, spirit of hartshorn, spirit of red lavender or volatile tincture of valerian, in water. If either be very distressing, MEDICAL ADVICE should be taken.

FAINTING is most usual during the first three or four months. It generally comes on after exertion, agitation, purging, or exposure to heat. The patient should be laid down with the head low; air should be freely admitted; the dress loosened; the face sprinkled with water; the forehead and temples rubbed with ether, eau de luce, Hungary water, or eau de cologne; and, if possible, a few drops of any of the things mentioned in the article upon "Palpitation" may be given.

HYSTERIC AFFECTIONS usually arise from the same causes as fainting. The face becomes pale and distorted, accompanied by faintness and convulsive movements; sometimes by screams and sobs, which generally end by a copious

flow of tears. Let the forehead and temples be rubbed with eau de cologne, and the other means adopted which are advised under the head "Fainting."

COUGH.—It is generally dry and frequently difficult of cure, and may depend on so many causes, that advice from the medical attendant had better be sought.

SPITTING, OR VOMITING OF BLOOD, call for immediate professional assistance.

HEADACHE.—If severe and constant and there is fulness of blood indicated by a flushed face, dull or bloodshot eyes, sense of giddiness, heaviness over the eyes or in the skull, and the person is far advanced in pregnancy, advice should be taken *without loss of time.* All headaches are, however, not dangerous; they may arise from costiveness, indigestion, or nervousness. There is then a bad taste in the mouth, acidity, slight sickness, and the pain is confined to one part. This description of headache is relieved by opening the

bowels and keeping the forehead wet with vinegar and water, or diluted Hungary water.

TOOTHACHE often attacks sound teeth. In such cases extraction can be of no service. It has been said that extraction in any case will produce miscarriage. It may have done so; but if a tooth were decayed and very painful, I should not hesitate to extract, and have often done so without any ill consequences. It must not however be done without medical advice; when not extracted the cavity may be filled up with cotton wet with tincture of benzoine, or a drop or two of creosote. The mouth should also be washed with equal parts of tincture of myrrh and tincture of rhatany, in double the quantity of warm water. If the teeth are sound, and many ache, the bowels should be kept open, and two drachms of carbonate of iron taken three times a day, in treacle or honey, for a week or two.

SALIVATION, OR INCREASED FLOW OF SALIVA, is sometimes very trouble-

some. Washing the mouth with alum water and keeping the bowels gently open frequently affords relief; if it does not, have advice.

PAIN AND GREAT ENLARGEMENT OF THE BREASTS.—When very distressing a few leeches should be applied, or the breasts be well fomented, and afterwards gently rubbed with soap liniment and laudanum. The bowels should be well opened. Nature often gives relief by a discharge of a milk-like fluid from the nipple.

SWELLING OF THE FEET AND LEGS.—The bowels should be kept open, and a bandage applied every morning. The swelling usually goes down in the night; during the day the recumbent position should be maintained as much as possible.

ENLARGEMENT OF THE VEINS OF THE LEG require the careful application of a bandage, and rest in the recumbent posture. This should be attended to by a medical man, as severe consequences often follow neglect.

OVER DISTENTION AND PENDU-

LOUSNESS OF THE ABDOMEN.—The first is best relieved by laxatives, fomentations, and frictions*; the latter by a bandage, so made as to cross the shoulders and throw the weight upon them.

CRAMPS OF THE LEGS AND THIGHS are often relieved by mere change of position. Gentle friction, with soap liniment six drachms, and laudanum two drachms.

PROMINENCE OF THE NAVEL.—A pad and bandage should be applied.

FALLING DOWN OF THE WOMB.—When this is the case there is a sensation of something coming from the person. It begins early in pregnancy, and disappears about the fourth month. Rest is the best remedy.

TURBULENCY OF THE CHILD.—The movements of the child are sometimes so violent that it seems as if it would force its way through the side. A bandage should be worn, and a few drops of laudanum taken every six

* See "Formula," page 53.

hours. Bleeding is frequently of service; but let it be performed under the sanction of your medical attendant, and not otherwise.

DESPONDENCY, MELANCHOLY, ANTIPATHIES, &c.—These are not uncommon. The two first are best remedied by change of scene, air, gentle exercise, cheerful company, and due attention to the diet, which should be nourishing; the bowels should be kept gently open. The last is of little moment: the patient, perhaps, takes a dislike to tea, coffee, wine, fruit, or meat, &c. She requires no treatment. Let her have any food she may like that is not unnatural; but on no account *permit* crude uncooked vegetables.

ABORTION (MISCARRIAGE) AND PREMATURE LABOUR. — When the child is expelled at any period before the sixth month of gestation it is called miscarriage; if after that time, but before the completion of the full period of utero-gestation*, premature labour.

* UTERO-GESTATION, *pregnancy.*

MISCARRIAGE is one of the most serious accidents that can befal a woman; for should it become habitual, which it frequently does, the system will be debilitated, the constitution broken up prematurely, and the foundation laid for obstinate disease of the womb. The *immediate danger of miscarriage depends principally on the extent of flooding*, which is usually more formidable in the latter than the earlier months of pregnancy. It will be my endeavour to divert the evil (habitual miscarriage) by pointing out the causes of miscarriage, and the means which are in the patient's own power to prevent it.

PREDISPOSING CAUSES.—An irritable and feeble condition of the womb not admitting of distention beyond a certain extent, premature development of the mouth of the womb, excessive sensibility, debility, habitual delicacy of health, disposition to flooding, overfulness of blood, extreme costiveness, and the habit of miscarriage, which, as I before said, is justly considered by the

profession as one of the most serious diseases to which the pregnant woman is subjected; for should a woman once or twice miscarry, there is always more or less danger that she will do so in her succeeding pregnancies. Schulzius relates the case of a woman who miscarried twenty-three times at the third month.

EXCITING CAUSES.—Fatigue, falls, or blows, piles, purging, vomiting; excessive exercise, as dancing, running, or jumping; the motion of a rough carriage; passions of the mind, as grief, joy, fear, &c.; tight clothing, immoderate laughter, sometimes the extraction of a tooth, or other surgical operation; the inordinate use of spirits or wine, or any acute disease, as fever, inflammation, &c., &c. The immediate cause of abortion is the separation of the connection between the mother and infant, together with contraction of the womb.

SYMPTOMS OF MISCARRIAGE.—The patient feels languid and hot at night, or has a fit of sickness or hysterical symptoms; there is pain in the back

and loins, spasms of the bowels, a little fever, and then a discharge of blood. There is frequently before the commencement of miscarriage pain and irregular action in the parts near the womb, which give warning of its approach before either discharge or contraction takes place. This is the period when it may best be prevented. When it takes place at a very early period, before the end of the second month, it is difficult to distinguish it from being excessively unwell, except by observing that the blood coagulates or forms into clots, for the menstrual fluid never clots or coagulates; it often continues a length of time—is fœtid, and mixed with particles like snuff or pieces of skin.

When at any period of pregnancy there are regular pains in the back and region of the womb, more especially if attended by a feeling of weight, griping, difficulty of passing the water and it coming away in drops, and descent of the womb, we may fear that abortion will take place.

When the child in the womb is dead there is cessation of the morning sickness, and any other symptom of pregnancy which may have been present. The breasts become flaccid and lose their firmness; if the pregnancy has advanced beyond the period of quickening, the motion of the child ceases, and a feeling of coldness and weight is felt low in the abdomen. When these signs are observed, and are followed by discharge and regular pains, miscarriage must take place, and it would be improper to endeavour to prevent it.

When miscarriage takes place at the third, fourth, or fifth month, &c. (more take place at the end of third and beginning of fourth than any other period), there is considerable discharge, pain in the back and loins, the stomach is deranged, there are regular bearing down pains, and expulsion of the embryo follows. In some the pains are severe and protracted, in others short and trifling; in some the process is completed in a few hours, in most before the expiration of three days;

but in some it is long threatened, and does not take place for weeks.

TREATMENT.—When miscarriage is threatened by pain in the back, &c., &c., and discharge, the practitioner should be immediately sent for, because it might be in his power to prevent it; and it is impossible to say to what extent the hæmorrhage might extend. But in the mean time the patient should be confined to the horizontal posture on a bed, (a mattress is better than a feather bed,) the room should be airy, very few bed clothes, no fire in the room, and the most perfect rest of body and mind. She should take nothing but a little barley water or lemonade, and the parts may be kept cool with a spunge wet with cold water and vinegar, until the arrival of her medical friend.

ON THE PREVENTION OF HABITUAL ABORTION.—The causes that gave rise to the preceding miscarriage should be, if possible, removed: thus, if there be debility and irritability, delicate and feeble health, recourse should be had

to sea air and cold bathing. If cold sea bathing cannot be had, much advantage will be derived from the use of the cold or tepid shower-bath, and sprinkling the whole body, but especially the loins, with vinegar and water, and the daily use of the bidet; cold water injections and some light bitter medicine should be taken two or three times a day. The diet should be mild and moderately nutritious, the bowels should be kept gently open; perhaps an ounce or an ounce and a half of the compound decoction of aloes will answer the purpose well, and may be taken every other morning or night if required. This medicine is cordial as well as aperient, and will keep the bowels well regulated without purging; it may be discontinued from time to time, and an enema of cold water and salt given in the morning instead. There should also be separation from nuptial intercourse, and a recumbent position enforced some weeks before and after the term of abortion, and strict abstinence from

wine, spirits, ale, &c., without they be ordered by the medical attendant. Ladies disposed to abortion should never be in a lying-in-room, or they may miscarry from sympathy.

On the other hand those of a plethoric habit, who have miscarried, should reduce the quantity of animal food and live chiefly on vegetables, take little sleep, and that on a mattress; exercise in the open air, but not so as to induce fatigue; the bowels should be kept open by a saline purgative; they should bathe or have the use of a shower-bath, and much advantage is gained by pouring water from a watering-pot on the loins, and the use of cold water injections two or three times a day. After pregnancy has taken place, they must live *absque marito* *, at least until it is far advanced. It will also be prudent to have a little blood taken, but not so much as to induce

* *Away from the husband.* We will, however, give a free translation by adopting the phrase, "in separate beds."

fainting; of course, when the period arrives at which miscarriage has previously occurred, repose on a sofa must be enjoined.

ON THE MANAGEMENT OF THE NIPPLES BEFORE CONFINEMENT.—For a month or six weeks before confinement, especially in a first pregnancy, attention should be paid to the state of the nipple. If it appear healthy, not tender to the touch, and the skin of moderate thickness, nothing more is required than that it should be rubbed two or three times a day with a little sweet oil, and all pressure from corsets and the clothes most carefully avoided; for this pressure is very frequently the cause of soreness and flatness of the nipple. If the nipples are painful and the skin is thin, they should be washed three or four times a day with soft warm water, and then the following lotion should be applied on lint:—Take of sulphate of zinc six grains, of tincture of rhatany two drachms, of tincture of opium one drachm, of camphor mixture two ounces and five drachms.

This will generally prevent the troublesome chops and fissures which after delivery prove so painful, and cause suckling to be a curse instead of a pleasure. Various other applications have been recommended, and may be tried if the above fails, which it seldom does. They are, a pretty strong solution of alum, strong spirits and water. Hamilton says, the pickle of salted meat boiled has been recommended as an infallible specific; but of this remedy I have no personal experience.

FORMULÆ, &c., &c.

LAXATIVE MIXTURE.

Take, Tartrate of Potash, half an ounce.
Manna, two drachms.
Tincture of Senna, half an ounce.
Infusion of Rhubarb, seven ounces and a half.

Two tablespoonfuls to be taken three times a day.

FOMENTATION.

Take, six Poppy heads; bruise them.
A handful of Camomile Flowers.
Boiling water, two quarts.

Boil this down to one quart, and strain. To be applied with flannel.

EMBROCATION, FOR FRICTION.

Take, of Laudanum, half an ounce.
Camphorated Oil, one ounce.

Mix—To be well rubbed on the part three or four times a day.

CHAPTER IV.

ON THE TIME OF PARTURITION, AND THE HYGEIANIC AND OTHER CARES AFTERWARDS.

SYMPTOMS PRECEDING LABOUR — ON THE LYING-IN CHAMBER AND ITS REQUISITES — ATTENDANTS — SYMPTOMS OF LABOUR — LABOUR — DIET — NURSE — ADMISSION OF FRIENDS — SUCKLING, AND MANAGEMENT OF THE BREASTS.

SYMPTOMS PRECEDING LABOUR.—Generally for some days (it may be two, four, six, eight, ten, or twenty days, or only a few hours) previous to the accession of those phenomena which characterize the existence of labour, there are often present certain premonitory signs which proclaim its approach, and which, by women who have borne children, are viewed as precursors of that eventful hour.

RESTLESSNESS, particularly at night,

is frequent for days and weeks, and is not to be considered unfavourable.

SUBSIDENCE OF THE WOMB AND ABDOMEN is a usual monitor, and may be viewed in a favourable light, as it indicates room in the pelvis, or basin of the body. The female feels as if she carried the child lower than formerly, and thinks herself slacker and less than she was before; and in many cases, though before inactive and indolent, she now feels lighter and more alert.

GLAIRY MUCOUS SECRETION, SOMETIMES STREAKED WITH BLOOD, occasionally occurs days before the active symptoms of labour, and renders the parts moister than usual; which are also tumid, relaxed, and soft, and sometimes painful. The discharge spoken of is commonly known by the term, *a show*.

IRRITABILITY OF THE BLADDER, AND IRRITATION AND GRIPING OF THE BOWELS, are often present as symptoms of approaching labour.

THE MOVEMENTS OF THE CHILD

become stronger and more active, and are felt lower down; and there is also pain and weight in the loins. When the above symptoms occur it will be well to send for the nurse, and apprize those who are to be present at the approaching event.

Chamber of Accouchement.—The bed should be so placed that the room may be well ventilated without its being in a draught. The bed-curtains should be thin, and never completely drawn round the bed, so that pure air may be freely admitted and the impure air easily escape. The bed should not be *against the wall*, but placed so that assistance could be afforded on either side if required. The patient is liable, if placed on a *feather bed*, to sink into a hole and thus prevent her medical attendant from being of so much service to her as he might be; it will, therefore, be advisable to remove the feather bed, or place the mattress above it, and over that should be put one or more dressed sheep skins, or a piece of oil cloth or oiled silk, and

above this the ordinary binding blanket and a clean sheet in the common manner; another in the form of a roller should be applied across the bed, having the ends folded in at the sides; a coarse blanket, folded within a sheet in the form of a table napkin, should be laid immediately underneath the patient, so as to be easily removed after delivery; the upper sheet, blanket, &c., are put on as usual. The pillows should be placed in such a manner that the face of the patient, when she is on her *left* side, should be turned *from* her medical attendant. The nurse is of course supposed to know how to *make the bed;* but I have thought it right to throw out a few hints as to the best manner of so doing.

THE DRESS should be as slight as possible. A loose dressing-gown does very well in the earlier stage of labour; but in the more advanced a bed-gown and chemise should be worn—the latter is to be folded round the waist, so that it may be kept dry and be drawn down after labour is over; the lower part of

the body should be covered by a petticoat, so made that it can be taken off without raising the person when delivery has taken place.

The stays should never be worn, but in their place a broad double calico bandage, or binder, made with three rows of tapes on each side, so that it can be made tighter as labour progresses, and be used for the ordinary binder afterwards. If it is made with straps to come under the thigh from the back, to fasten in the front with a button, it will be kept down better. These straps need not be used until labour is over. Such a bandage may be had of the Surgeons' Instrument Makers, and is known as "Gaitskill's Bandage." It often is of great use in supporting the abdomen in the latter months of pregnancy.

HEAT OF THE ROOM.—This should be regulated by the patient's feelings. If too hot, it will produce fever, add to the fatigue, often render the pains irregular and ineffective, and thus protract the labour.

ATTENDANTS.—The only attendants required are the nurse and medical man, but a female friend may be allowed, for it inspires confidence. A word of advice to the friend: "Let your conversation be lively, without being too gay (or you may be accused of want of feeling), and on subjects unconnected with the matter in hand. Remember, the mind of your friend who is suffering is distressed, and easily alarmed. Avoid whispering, or any appearance of concealment, as it may make her distrustful of her own powers, and perhaps doubtful of those of her necessary attendants.

SLEEP.—If she be disposed to sleep between her pains, she should not be disturbed.

FOOD.—There is seldom much inclination for food, and, if the labour is not protracted, no occasion for it; but if there is an inclination to eat she may have a little tea with dry toast, milk, or boiled milk and bread, soup, sago, or light pudding; but every thing

heavy must be avoided; it is, however, always desirable that a fair quantity of food should have been taken shortly before.

Wine and cordials were once frequently given under the mistaken and mischievous idea of keeping up the strength; but now they are most justly relinquished, as they produce heat, disorder the stomach, retard the labour, and not infrequently dispose to inflammation or fever, and should never, on the coming on or during the progress of labour, be given but under the direction of the medical attendant.

THE URINE should be regularly and frequently evacuated. The *bowels*, if not open, should be acted upon by taking before or early in the labour a glyster composed of a pint of thin gruel and an ounce of castor oil. Much comfort is derived from this, and the unpleasant consequences avoided which sometimes take place at the end of labour where this has not been attended to. On the other hand, if the

bowels are too much relaxed, take ten drops of laudanum in a wineglass of water.

POSITION WHEN IN BED.—Medical writers have laid down rules as to the best position; but the nurse, or other matron in attendance, will be fully capable of giving every necessary information on the subject. It is absolutely necessary that the medical attendant should inform himself of the position of the child. The manner in which this is done will be best explained by the female attendant. It is only requisite for me to say that it is a simple and painless proceeding, but so essential to the well-doing of mother and infant, that I beseech my reader to comply with it as early as her professional attendant may deem necessary, or the life of her unborn infant (should it be in an unnatural position) may be sacrificed; or she may wreck the happiness of a fond, anxious, and affectionate husband, by thus being accessory to her own death.

SHIVERING is very common, from a gentle tremor to a complete and violent agitation of the body. When this is the case some warm tea or gruel, without wine or spirits, should be taken.

VOMITING is not uncommon, and tends sometimes to facilitate the labour.

CRAMP, during labour, is frequent, and may arise from having been in one position too long, for change of posture relieves it; but, if in the hip and thigh, it generally proceeds from the head of the child pressing on a particular nerve in the pelvis, and is not removed until it has passed that part.

DURATION OF LABOUR.—A first labour is generally the most protracted; but under proper management, and due submission on the part of the patient, is not more dangerous than subsequent ones.

NAPKINS, &c.—The nurse will, of course, be careful to have a sufficient supply of well-aired napkins, a pair of

scissors, a skein of strong grey thread, and a proper receiver of flannel for the infant.

HOT WATER.—It will also be well to have an abundant supply of hot water in the house, which might be required if the infant should happen to be born in a state of asphyxia, or suspended animation.

OF LABOUR.—The time of actual labour has been compared to the fatigues of a person on a journey; and this idea has led medical men to divide the parts of labour into three stages. The beginning only of the first stage shall I describe, because after that my reader will be in the hands of her medical friend, who will render her all the assistance required.

SYMPTOMS OF LABOUR.—There is pain in the back and loins, occurring at *irregular intervals*, and producing most disagreeable sensations; there is generally, also, a *show;* these sensations continue; the patient becomes uneasy; has frequent warm and cold fits, with urgent desire to pass urine,

&c., and is exceedingly restless; every situation and position appears insupportable and uncomfortable to her. By degrees the pains increase in frequency and force; they occur now at *regular* intervals of ten or twelve minutes, and do not occasion that continued uneasiness as at first, for when the pain is passed she is pretty easy.

The practitioner should now be sent for; the first stage of labour has commenced (though sometimes what are called false pains will simulate this stage of labour so completely that none but an experienced medical man can detect the difference between the true and the false, and he only by the touch). In the hands of her medical friend I now leave my reader, bidding her be of good cheer and FEAR NOT.

OF THE PERIOD AFTER DELIVERY.—It is not my intention here to take notice of the many diseases that may arise subsequent to travail—those I leave to the medical practitioner in attendance—but merely to give that description of advice which a very

good nurse should be able to give, but which few of them are capable of doing.

FAINTNESS AND LANGUOR frequently occur immediately after the child is born, even in short and easy labours. The medical attendant will, possibly, in this case, order his patient wine, ale, or spirits, in the proportion that may be required.

THE BANDAGE.—If this is not already passed round the body, the medical man or nurse will do this, and make it as tight as may be needful.

THE DRESS AND THE BED-CLOTHES, &c. The petticoat worn during the labour may be removed soon after delivery, and the chemise, previously rolled around the waist, brought down. The wet clothes may also be cautiously removed (without it has been ordered otherwise); but in doing this great care must be taken not to move the patient, or permit her to make any effort. She *must be perfectly passive*, and her attendants will on *no account* raise her from the recumbent position

in the least, but one person taking the feet and another the head, gently remove her limbs as much as may be required to enable them to get away those things that are soiled. FATAL FLOODING HAS BEEN PRODUCED BY RAISING THE BODY TO A SITTING POSITION. It may be almost unnecessary to remark, that during the whole time of lying-in the person should be kept as dry and clean as possible.

THE DIET.—This should be light and of easy digestion, but a diet approaching to starvation is not necessary, although it has been recommended by some authors. Tea or cocoa, with dry toast, may be taken in the morning and evening; or a cup of sago, panada, &c. with dry toast, if preferred. Beef-tea, veal, or chicken broth, may be taken for dinner for the first few days; or, if soups disagree, a little boiled chicken or fowl, or some light pudding, such as arrow-root, sago, ground rice, maccaroni, &c. &c., may be substituted. Too great an indulgence in eating is worse than too great abstinence; but

both extremes should be avoided. What I wish to inculcate by the above is, that it is not necessary to deluge the stomach of a lying-in woman with gruel and slops.

The use of wine, ale, or spirits, either in gruel or otherwise, is inadmissible for the first three or four days, for they tend to increase fever, and often cause an overflow of milk, and render the breasts turgid and painful; generally, at this period, more milk is secreted than the infant can consume. After the fourth or fifth day, *if the strength requires it*, the patient may have a little good ale, or a glass or two of old white wine, if she has been accustomed to its use. Port wine is generally less advisable, from its disposing to acidity.

If, however, the strength is good, all stimulants had better be avoided for ten or twelve days; after that time, if nursing her infant, a glass of sound ale after dinner, and another in the evening, may be of service.

There is generally in the first days after delivery considerable thirst. This

is best relieved by drinking sparingly of toast and water, or barley-water; neither of these should be very cold.

THE MIND after delivery is often in a state of excitement, and highly susceptible of impressions. It is therefore obvious that any thing which could excite emotion *in health* should be guarded against during confinement. For this reason the bed-room should be either at the back of the house, or means should be taken to lessen the noise of the street. It is not well for this purpose to stop the ears with cotton, for the mind then becomes anxious, from a natural wish to hear what is said by the attendants.

OF THE BOWELS.—They should be opened about forty-eight hours after delivery, by two tablespoonfuls of cold drawn castor oil or a teaspoonful or two of magnesia, or by a laxative lavement; but the medical attendant will direct in this case.

THE BLADDER.—If, after a tedious labour, the water passes with difficulty, or in very small quantities, and fomen-

tations of poppies and camomiles, or the application of a spunge *wrung* out of HOT water, does not speedily afford relief, the medical attendant should be immediately informed of the circumstance.

VENTILATION OF THE ROOM.—It is necessary that the room should be kept well ventilated, and pure air often admitted. For this purpose the windows should be opened from time to time, and the curtains round the bed should not be closed. Every thing that can give rise to an unpleasant smell should be directly removed.

THE LOCHIA, OR DISCHARGE.—This varies much as to quality, appearance, and duration in different women, and in the same woman in different confinements. It is sometimes scanty, and sometimes so profuse, especially in those who do not nurse, as to require medical treatment; but, without it runs into one extreme or the other, it need create no alarm. For two or three days it has the appearance of pure blood; it gradually changes to nearly white; then

to a greenish or brownish cast; and at last entirely ceases. It does not always follow this course, but the red colour may disappear and reappear two or three times.

Sudden obstructions of the discharge may be occasioned by exposure to cold, or indicate some disease, and are always alarming; if attended by pain in the abdomen, fever, sickness, &c. the medical attendant must be sent for; but in the meantime let the lower part of the belly be well fomented, and let a drink of some warm diluent, as whey, barley-water, or thin gruel, be given.

Extreme cleanliness during the continuance of the discharge is imperative. The nurse should foment the parts with warm milk and water, or decoction of poppy heads, &c., twice a day; and if the smell is offensive a proper syringe should be procured, and the passage thoroughly cleared with the above fomentation two or three times a day; for, if this fœtid discharge be allowed to accumulate and lodge in the passage, excoriation, and inflammation with all

its evil consequences, may ensue. Ignorant nurses have a prejudice against cleanliness; professedly from a fear of giving cold, but really from idleness. There is no fear of cold, if the ablution be properly managed; besides, the lesser evil ought to be chosen.

General Remarks.—It is better that the nurse should not sit up at night; for experience will show (if she does so) she will be continually teazing the invalid with offers of refreshment, &c. &c., to evince that she is awake, and thus prevent her getting the rest she so much longs for and requires. If on the other hand she sleeps, which is the very usual custom, the noise she makes in performing that agreeable function very effectually prevents the sensitive newly made mother from sharing in the same enjoyment.

It will be better, for the above reasons, and for the purpose of keeping the air of the chamber as pure as possible, that the nurse should take her rest in an adjoining room, into which a bell may be introduced from the bed,

(or a piece of cord tied to the nurse's wrist will answer the same purpose,) so that if her services are required she may easily be summoned.

As it is well to avoid all noise, the infant should for a few days be washed and dressed in another room, unless the mother (which is sometimes the case) is very anxious to superintend the process.

It used to be the custom to keep women too long in bed; in these times we have gone to the opposite extreme; the best guide is the invalid's strength; if she feels equal to it, she may on the third or fourth day be *taken* out of bed, that it may be properly adjusted, and laid on a sofa in a recumbent position: if allowed to sit upright, she will suffer considerable uneasiness from the weight of the womb pressing on the soft and tender parts within the pelvis, and may lay the foundation of the troublesome complaint, called *Prolapsus* or the falling down of the womb, or of whites and other disagreeable discharges.

So long as the discharge continues

she should not walk even from one room to another, or ill consequences may ensue. Some persons boast that they have been all over the house in eight days after confinement; but they will frequently find by having taken such liberties they have laid the basis for many troublesome complaints, from which they suffer in after-life. The invalid should for ten or twelve days keep her bed-room; after that, she may *be carried in a reclining position* to a sofa in the drawing-room, and from that position she should not deviate for a week at least. She may then gradually sit upright, and then be allowed to walk across the floor.

After the fourth week she may go abroad: at first in an easy carriage; afterwards on foot. She should avoid all crowded and heated places; for impure air, from her long confinement, is likely to injure her.

ADMISSION OF FRIENDS.—A *prudent, cheerful and judicious* friend may be admitted on the third or fourth day. She will be kind enough to give an agree-

able turn to her ideas, and to converse as much as possible on indifferent topics; and also be on her guard not to fatigue her friend, nor allow her to talk; and if she seems inclined to be at rest to let her be so. The door must be kept closed to all *noisy, lively, rattling friends*, and to mere acquaintances for at least ten or twelve days.

Of Suckling, and the Management of the Breasts.—The child should be put to the breast as soon as the mother's strength will admit, (always before twelve hours have elapsed since the labour,) be there milk or not; for if there is, and the child is not applied, distension of the breasts and flatness of the nipples supervene, and render it difficult for the infant to suck. If there is *no* milk, the action of sucking promotes its secretion. The nipple should be washed with warm water, before applying the babe, to remove a bitter substance which the glands round the nipple furnish.

If, as often happens after the first confinement, the nipples are so flat that

the infant cannot take hold of them, they should be well fomented and drawn out by a child a few weeks old, or by a proper breast pump; but this must be used with great gentleness and care. When this has been practised two or three times, the child will generally be able to suck. The patient should not be fatigued by the long-continued or frequent application of the child, and she should place it in a position most *easy to herself*. If in bed, the child should take the breast as it lies, and not incommode the mother by obliging her to sit up in bed, because, without any benefit to the infant, the mother's fatigue is greatly increased; but when sitting up she should *raise the child to the breast*, and not assume the distorted and painful position which is too often seen in ladies suckling, and which causes much pain in the back.

For a few days the breasts are frequently much distended with milk; it is better, if possible, to avoid drawing them. They should be well fomented,

and frequently gently rubbed with warm sweet oil.

The troublesome cracks and fissures which are often seen on or around the nipple will have been most likely avoided, if the directions given under the head "Management of the Nipples before Confinement" have been attended to. But, if from want of such attention they are sore, she may try first one and then another of the remedies hereafter set forth, changing from one to any other frequently, for any one application soon loses its power. Of course, before applying the child, the nipple should be washed, and if very irritable, but still bearable, it should be *painted* with a little white of egg, by means of a small brush; this should be allowed to dry; and immediately after suckling the nipples should be well washed with water. If the application of the child much increase the pain, it should suck through a shield, and the best of these is made with a *cork nipple*, and will be found much superior to those with the

teat of the heifer, or of Indian rubber. They are manufactured by Messrs. Weiss and Son, of the Strand, London, and may be obtained in Liverpool from Mr. Ellison, druggist, Church-street, who is the agent to the manufacturers in that town. The remedies for cracks and fissures are many. The following are those most generally recommended:—Take of sulphate of alum, in powder, half a drachm; of powder of gum acacia half an ounce. This powder to be applied three or four times a day.—Lotions:—1. Four grains of the sulphate of zinc, dissolved in one ounce of rose water. 2. Two grains of sulphate of copper, in the same. 3. Six grains of the superacetate of lead, in an ounce of distilled water. And Dr. Sibergunsi, of Derston, strongly recommends—4. One grain of the extract of opium, in three drachms of lime water and three drachms of olive oil. All these may be applied three or four times a day on lint; and the cracks should be touched every night and morning with a camel hair pencil dipped in a solution of nitrate

of silver. Take of nitrate of silver two grains, and of distilled water half an ounce. The strength of this should be increased if it does not cause smarting.

Overflow of the milk, when it occurs, is troublesome. Let the breast be freely emptied by the child, and perhaps less liquids taken. The bowels should be kept open by Epsom or Cheltenham salts. The breast should be very lightly covered. For her own comfort the lady will wear receiving glasses.

If the milk, for a few weeks, is deficient in quantity, it is not to be increased by stimulants. The diet should be nutritious, and consist of nearly equal proportions of animal and vegetable food. This, with a pint of good ale a day, will generally afford sufficient milk for the support of the child; if not, it must have a little food. Two glasses of wine, if the mother has been accustomed to its use, may be taken instead of ale.

If it is necessary to *dry up the milk*, from delicacy of constitution, or other

causes, the best way is for the lady to take little food, and that principally vegetable, with very little liquid of any description. The breasts, if painful, must be emptied by means of the pump, as often as required, and then gently rubbed with one part of laudanum to three parts of soap liniment.

ON SUCKLING, AND ON THE DIET DURING THAT PERIOD. — The diet, through the whole period of suckling, should be simple, nutritive, and such as is easy of digestion. If the food taken agrees well with the mother, it seldom, if ever, disagrees with the infant.

A lady suckling should make milk her chief beverage, instead of wine or ale, which tend, in too great a quantity, to cause the secretion of impure milk, which is sure to disagree with the tender stomach of the infant; but, if her strength require it, she may, as before observed, take a pint of good sound ale in the course of the day.

She should avoid pastry, fat, and all rich and acid articles of food, and live on good plain animal food, with a due

proportion of well-boiled vegetables and bread. Hired wet-nurses always cry, "We must live well." By this they mean grossly: nothing can be worse; it renders the milk thick, gross, and indigestible.

Food should be taken frequently in small quantities, so that the milk, which is secreted in about five hours, may always be fresh, and thus best fitted for the infant.

There is no practice more fraught with evil than the foolish one of taking wine or spirits to relieve the languor consequent on suckling; the relief is very temporary, and is followed by a much greater depression than before, which is only relieved by another and larger dose of the liquid poison; and thus is laid the foundation for the greatest moral evil that can befall a woman—a habit of confirmed intemperance—rendering her a mark for the finger of scorn to point at, and an object of sorrow, reproach, and pity to her friends.

Of the best positions for suckling,

directions have already been given; and it is now necessary to add, that the child, after the first few days, should draw its support from the natural fountain nature has designed for its use. It should have the breast given it about every third or fourth hour, and not at irregular intervals, or when it cries. If the infant sleeps with its mother, it should never be allowed to do so with the nipple in its mouth: children have been suffocated from this cause.

No food agrees with an infant so well as the natural one; and for six months nothing else, except it be absolutely necessary, should be given. About that time it should be prepared for weaning, by having a little gruel, sago, thick or thin, good cow's milk, or tops and bottoms, given it two or three times a day. Weaning should take place when it is about ten months old. After that time the milk becomes vitiated in quality.

It is an error to suppose that the constitution suffers from suckling. Very

many women have improved in their health by performing this most feminine of all offices. Many very delicate females have experienced the best effects from nursing their children; and many of the complaints incident to women are removed or alleviated by it. Excepting the period of gestation, fewer women die when nursing than at any other period. The spirits during this period are generally more lively and uniform, the temper milder and more even, and the general feelings more healthy and pleasant than before.

If a mother's own feelings for her infant alone will not lead her to nurse it, there is yet another reason to urge that she should do so. It is, that if not suckling, it is most probable that pregnancy will again speedily ensue, and, instead of there being an interval of two or more years, she will be confined every year. Few constitutions can bear up long against this; the health soon becomes shattered, and a premature old age supervenes.

Fretfulness, agitation, and all violent emotions should be eschewed; they vitiate the milk. A fit of violent passion in the mother has produced convulsions in the infant, and even death.

CHAPTER V.

INFANT—DOMESTIC CARE OF, ETC.

THE CHOICE OF A WET-NURSE—ON THE MANAGEMENT, WASHING, AND DRESSING OF A NEWLY BORN INFANT—ON THE GENERAL MANAGEMENT OF INFANTS—NURSING—CLOTHING—WASHING—EXERCISE—SLEEP—ARTIFICIAL NURSING—WEANING.

ON THE CHOICE OF A WET-NURSE.—It sometimes unfortunately happens, that from ill health, or other causes, a lady cannot suckle her own infant, which is always to be regretted, for no milk will generally agree with its constitution so well as that of the mother. It is then necessary to select a proper person to take upon herself the maternal office. Where it can be done, before engaging her, she should be sent to the medical man for approval; but sometimes this is not convenient, it is therefore neces-

sary to describe who is, and who is not a proper person, for without she is fit for the office the infant will receive more hurt than benefit, and had better be brought up on artificial food.

The wet-nurse should be in good health, and have an adequate supply of milk, which should be thin, and of a bluish white, of a sweetish and faint taste, and should, on standing, be covered with a considerable quantity of cream. Her confinement should have taken place about the same time as that of the lady who requires her services, so that her milk is not of much older date than the child it is designed she should nourish.

Both breasts should be good; for, if the child be suckled from only one breast, it is apt to contract strabismus, or squint. A woman above thirty-five years of age should not be chosen; nor one of a petulant disposition; nor one with small breasts, or excoriated nipples, or who *is unwell* while suckling, or who has any hereditary disease; nor who has nursed several months, as the milk

may soon leave her, or become of bad quality; nor one of bad moral conduct; for one who drinks, or who is otherwise dissipated, will do the child harm.

If the nurse's child is alive, it should be examined, to see how it has thriven; and both it and the nipple of the woman should be inspected, for fear of a taint.

The nurse's diet should be plain, and but little difference should be made in the quality of the food from that to which she has been accustomed; on no account pamper her. Let her be employed about the house, when not required by the child, or she will soon be overgrown and indolent.

The above is written under the supposition that the nurse is to reside in the house of the employer; and on no account should it be otherwise; for, if you put your child out to nurse, and the woman has an infant of her own, it is natural to suppose that she will, unconsciously perhaps, favour her own offspring, and the little nursling will be, in a great measure, defrauded of its nourishment. Besides, for the purpose of getting her

own rest, the *kind* nurse, if not observed very closely, will give the infant soothing syrups or other preparations of opium, to make it sleep. Opium is a most dangerous medicine to give to infants except when ordered by a competent medical man; it is then frequently the salvation of the infant.

If, however, circumstances compel you to send your infant to nurse, care should be taken to see it as often as possible; and if, instead of thriving, it gets thinner, be assured the nursing is bad, and remove it immediately.

ON THE MANAGEMENT, WASHING, AND SLEEPING OF THE NEWLY BORN INFANT.—It is very justly remarked by Dr. Conquest, that a medical man should never consider it beneath him to direct a mother or nurse to those little attentions which a newly born infant requires on its being ushered into the world, and which may have considerable influence on its future welfare.

As soon as the infant is separated from the mother, it should be placed in a receiver of flannel, into the centre of

which a piece of soft old linen has been tacked, flannel being too rough for the delicate skin of the infant, though well adapted to keep up the degree of heat it brings with it.

The temperature the infant leaves is about ninety-eight degrees of heat; care must therefore be taken not to expose it suddenly to a much reduced temperature; for cold is very unfavourable to infants; but, to keep up its heat, it should not be *exposed* to the blaze and glare of a fire, for this may produce disease of the eyes. When properly dressed, it should be given to its mother; her bosom will supply it with the exact degree of natural heat it requires for its comfort.

WASHING THE INFANT should be performed very carefully and tenderly by means of a soft and fine spunge and warm soft water and mild soap. The body of a newly born infant is more or less covered with a white curdy matter, especially in the folds of the arm-pits and groin. It is not necessary that the first washing should remove this, and a

nurse should avoid any rough attempts at doing so, as she will thereby produce excoriation. The second washing will generally remove it completely, which indeed it should do, or the perspiration will be impeded, and the skin be liable to eruptions. If the soap and water does not remove the curdy matter, a little hog's lard rubbed upon it, which is afterwards to be washed off, will do so. In turning the infant, take care that its head is properly guarded. The best plan is to wash a part of the body, and then thoroughly dry that part with a soft diaper before proceeding to another.

It is still the custom with some nurses to rub the infant's head with spirit, to *prevent its taking cold*. The fact, however, is that *spirit causes a much greater degree of cold by its speedy evaporation*, and robs the body of the infant of some degree of heat, which it can very ill spare. Let the mother rub a little spirit between her own hands, and she will be convinced it produces much greater cold than

even cold water; she will not afterwards, I feel persuaded, permit the tender head of her infant to undergo this cruel, reprehensible, and useless operation.

THE NAVEL STRING is to be wrapped round with a piece of old linen, much in the manner of a cut finger, and then turned up towards the breast of the infant, and secured by a roller of fine flannel or calico, lightly applied, and made to fasten with tapes, as all *pinning* should be avoided in the dress of infants. Some prefer, for securing the navel string, a piece of linen, with a hole in the centre through which the cord is put, and the ends brought together and wrapped round it. It is the custom of some to use burnt rag for this purpose; it is a vulgar and sometimes an injurious error. The cord generally drops off before the tenth day, but it may be longer without ill consequences. There is sometimes a little ulcer left when it separates. This should be freely washed twice a day with Goulard water or tepid wa-

ter, and then dressed with spermaceti ointment.

THE BREASTS OF THE INFANT sometimes are swollen, and have in them a milky fluid. It was formerly the custom to press this out; it is unnecessary and brutal, and nothing can sanction the unfeeling practice, for not one child in a hundred requires any attention on this point.

OF INJURIES RECEIVED IN THE BIRTH.—When the child has been long in the birth, it is not uncommon for it to have a tumor of the scalp, which generally subsides in a few days, and only requires to be rubbed with a little camphorated spirit. But, if the tumor continues two or three weeks, cloths dipped in lime water, or in spirit and water, should be applied to it. The shape of the head is frequently altered: it is not needful to press it into shape, as is sometimes done by nurses, for it generally soon resumes its proper shape and proportions.

Scratches on the head, like the marks caused by whipcord, frequently

occur when the labour has been tedious. They do not require any treatment.

The face and eyelids and many other parts may be much discoloured when the labour has been very difficult; but these appearances generally go off in a few days, when no violence has been used in the delivery.

Of the Clothing.—Ease and moderate warmth is what an infant requires, and these two grand objects should not for a moment be lost sight of. The ease and comfort of a child is best consulted by avoiding all unnecessary bandages, which prevent the full use of the joints, and retard the free circulation of the blood. An infant has been not unaptly likened to a bundle of fine vessels through which a fluid is to pass undisturbed, to be distributed throughout the body; and these vessels are surrounded by a soft medium, which cannot sustain any degree of pressure without injury. Yet it is common, under the idea of weakness and giving support, to bind tightly a babe—that delicate creature, who,

not an hour before, *swam in fluid to prevent it from being injured by the surrounding parts of the mother.* Can any thing be more irrational? The fruitless effort made by an infant, thus bound, to relieve itself not only retards its growth, but is a common cause of deformity.

Another argument against tight bandaging may be found in the evident pleasure it takes when undressed, and permitted to roll about free and unharnessed.

The clothing of the infant should be warm, without being heavy. It is useless to load one infant with clothing enough for six. The clothes should not be too long, as, if so, their pressure on the feet and legs may cause uneasiness or deformity.

The clothing used for infants for the MONTH should be of the most simple construction, so that it can be easily changed. In the day they should wear rather more than at night, and, when they sleep in the day, should be lightly covered, so that they may be always in

the same degree of temperature. The infant should never be allowed to sleep at night in the clothes worn during the day.

It is usual to cover the head *warmly;* this is an error. One thin cap, in summer, is enough; in winter, a bit of flannel may be stitched into it.

Food.—The new-born infant will not require any food, if put to the breast within a few hours after its birth; not longer than twelve, however, should be allowed to elapse without so doing.

If it be needful to give the infant any thing, a little sweetened barley-water, milk and water, or very thin and well-strained gruel, are the best substitutes for the breast; these must, however, be given slowly, and but a few teaspoonfuls at a time, for an infant a few hours old would be a long time in sucking a teaspoonful; and the person who may have it in charge must bear in mind that its stomach will *not contain* more than two or three tablespoonfuls. For the first month of the infant's life it requires feeding,

(or putting to the breast, which is better than all other kinds of nourishment,) every two hours.

It is the custom, for the purpose of bringing away the dark secretion in the bowels, called *meconium*, of newly born infants, to cause it to devour a quantity of sugar and butter, as soon as it enters this world. Now, this is perhaps not positively hurtful, but it is an absurd custom. The mother's milk will generally purge it enough; for the first milk secreted, and called *colestrum*, is of a laxative nature. If, however, a purge is deemed necessary, from the *meconium* not coming away in a few hours, the following will be found the best:—Take of cold drawn castor oil one drachm; of syrup of roses three drachms. Mix. Give one teaspoonful every four hours until the bowels are well opened, and repeat it afterwards when required.

On the General Management of Infants.—By the word "Infancy" is to be understood that period of time included in the space from birth to the

completion of the process of teething; when all the teeth have appeared, *childhood* commences. This arrangement will also be adhered to when treating of the "Diseases of Infancy."

The temperature of the nursery should be much the same as is agreeable to a healthy adult, during the whole of the first month; afterwards it should not be above sixty degrees. In winter the child should not leave this room for *the* month. It is the practice of nurses to carry the child away when the mother sleeps. This is frequently injurious: it renders the infant liable to cough, with fever, convulsions—and death has even taken place from this change of temperature. The room should be well ventilated, for the infant and mother both require pure air; but a current of air should not be allowed to pass over either of them.

Food.—The experience of ages is in favour of an infant's being nourished entirely on the breast milk for at least six months; after that time it is well

to feed them once or twice a day with good cow's milk, thin sago, arrow-root, or tops and bottoms, to prepare them for weaning. In some unfortunate cases the mother is unable to nurse her child, or to procure a suitable person as wet-nurse. These cases will be considered under the head of "Artificial Nursing."

CLOTHING.—The clothing of infants should be, as already stated, warm and light. The long clothes may be worn for about six months; after that time shortened one quarter, and progressively to the length which will enable the infant to walk. Permit the author again to reiterate, that warmth is most essential to an infant's well-doing and comfort; and this is best effected by using fine flannel next the skin. Infants warmly clad and in good health need not fear to face the north-east wind in January.

WASHING AND DRESSING, as before recommended, should be performed with great tenderness and care; for, if done violently and hastily, the child will

scream and cry, and when this happens it is generally owing to the awkwardness of the nurse. The child should never be spoken to in a loud or angry tone, or it will fear being washed and dressed, and it exhibits this fear by violent screams, &c. If gentleness in washing be used, together with soothing and cheerful language, (for infants at a very early age are aware of alterations in the tones of the voice,) the infant, instead of dreading the ablution, will evince its pleasure by "*crowing*" and spreading forth its limbs.

The *whole* body of the infant should be washed night and morning; and those parts of the body liable to be soiled, after each evacuation. The parts most likely to become excoriated are the folds of skin about the arm-pits, neck, and groins; and these, after each washing, should be well dusted with hair powder or starch finely powdered, or some other absorbent powder. If there are excoriations, and they do not yield to mere dusting but discharge a thick matter, the parts should be

washed with the following lotion two or three times a day:—Take of sulphate of zinc two grains, of rose water one ounce. Mix; and then dust with the following powder: take half a drachm of oxyde of zinc, one drachm of powdered orris-root, and five drachms and a half of powdered starch. Mix. To be used after each application of the lotion. Or, if preferred, the following ointment may be used in place of the powder: take of calamine ointment one drachm, of spermaceti ointment three drachms. To be spread very thinly on lint, and applied after the above lotion. Whilst pursuing these means, the bowels of the infant should be kept open with a little castor oil, manna, or magnesia. The above remarks apply principally to very early infancy, but even after the third month the whole body should be washed once a day; after the sixth month, every other day. During the whole period, from the third month to the end of the third or fourth year, children receive much benefit from the use of the tepid

bath, two or three times a week for the first two years; and afterwards, if not delicate, from the cold bath, of sea water.

CLEANLINESS.—The most scrupulous regard must be paid to this, not only for the comfort of the babe, but also from fear of cold, &c. The moment a napkin is soiled or wet, it should be, even in the night, instantly removed, and replaced by a dry and warm one; the parts, if soiled, being first carefully washed with a spunge and warm water, and the groins freely dusted. If due attention is paid to "*holding out*," or the use of a small utensil, the infant will soon learn to "*give notice*," and will evince uneasiness even in sleep when it requires to pass either urine or fæces; but, until it does so, the greatest attention must be paid to keeping it clean and dry.

EXERCISE.—For the first month the infant requires but little, the fatigue it undergoes from being washed and dressed twice a day, and the requisite *changing*, is enough, together with be-

ing gently carried a few times across the room five or six times a day; but after the month, on every fair day, it may be carried out for an hour about noon with advantage. The person carrying it should hold it in the horizontal position, and walk slowly and gently, avoiding all running, jumping, or twisting round; but she should never stand still, and especially avoid doing so at the corner of a street, because of the increased draught of air in that situation: for the same reason, standing in the lobby of a house, with the door open, is particularly injurious. As the infant advances in age and strength, the time of its being out should be prolonged gradually, until it almost lives the whole day in the open air; it should be carried horizontally, until it shows a disposition to *sit up*, and even then its head and back should be carefully supported. Infants generally begin to sit up about the third month, but some sooner or later. If the season be winter, the infant must be most carefully guarded against cold; with due pre-

caution in this respect, if it be in health, it may be carried in the open air, even in January, without fear of evil.

Perhaps it is hardly necessary to say, that until the infant is some months old, it should not be *tossed up*; for these tossings, from the fragile state of the bones, might occasion fracture. Gentle exercise in the arms, often changing the position and nursing *on both arms*, is the best, until it commences walking, though there is no objection to permitting the infant to roll on the carpet, &c.

Carriages of various kinds have been used to give exercise to infants. They are needless any where, and in the streets of a town quite inadmissible, in consequence of the jolting which must take place in crossing streets, and which would be likely to produce disease of the brain, to say nothing of the chance there is of even the best-constructed being overturned.

When infants show a disposition to get on their feet, they should be indulged, and allowed to creep on the

carpet or to walk from one piece of furniture to another. It is not needful to hold their arms high above their heads; and it is dangerous to do so, for dislocation of the shoulder may easily take place. Support should be given by placing the hands under their arms.

When once an infant walks, it will take enough exercise; but, nevertheless, it should be carried, if it lives in a town, to the outskirts, so that it may have the benefit of fresh air along with exercise.

SLEEP.—For the first month an infant naturally, when in health, sleeps nearly two-thirds of its time—afterwards rather less; but during the whole period of infancy it should be allowed to sleep twelve hours, or nearly, out of the twenty-four. While speaking on this subject, it is well to observe, that an infant in health should not be taken out of bed in the night, save to be *changed* when required. It should not be carried across the floor to lull it to sleep, nor spoken to, nor be allowed to

look upon the light of a candle to please it; by so doing it will acquire a bad habit of waking in the night, injurious to itself and troublesome to its attendant. It is not necessary to feed a child during the night, even when still being nourished at the breast. A mother who manages well will soon bring her little one into the habit of taking the breast immediately before going to sleep, and not again until morning.

The night clothes of the infant should be loose. Nothing can be worse than the custom of confining the limbs during the night.

When the child sleeps in the day, it may be laid in the bed or crib; but at night, at least for some months, it should sleep with its mother, whose bosom is its best and natural resting-place. Nothing can be more cruel than to banish a sickly or delicate infant to a cot or crib during the night, there to wail and cry for lack of that heat which it cannot itself engender, and which its mother's bosom would

impart: the reason often given for the use of the crib is, that the parent fears to *overlay* the infant; this is easily obviated by always letting it sleep at the outer side of the bed, taking care, however, that that side is well guarded by a high board passing from the head to the foot; this, of course, is to prevent its falling out. It is only for a little time after becoming a mother that there is any fear of accident to be apprehended. The young mother soon becomes so accustomed to the presence of the child, that its slightest movement is perceived, even while she sleeps, and she will even alter its position without herself waking.

After the infant is five or six months old, especially in warm weather, it will generate enough heat, and may then sleep in a cot by the bedside.

The cradle is now out of fashion, and it is well it is so, for it often produced diseases of the brain by determining too much blood to that part; the same fault, even in a higher degree, may be found with rocking-chairs.

Swing-cots, although not so bad as the others, from the centre of motion being above instead of below the head, are not to be recommended, and are useless. Cradles, rocking-chairs, and cots, have all been invented to imitate the undulating movement that the child had before birth; but it must be obvious that an infant cannot require exercise (and this rocking is exercise) when asleep, nature never intended it. Look at any of the lower animals, do they require rocking when asleep; and yet they, in common with the infant, before birth received the same undulation? This system of rocking, besides being injurious, is a manifest absurdity. Some infants have, however, great difficulty in *catching* their sleep; when this is the case, singing to them in a low tone, and gently walking with them across the floor, will, if in health, effect the object without injury.

It is too much the custom to give some nostrum or other to infants, to procure sleep. These are sold under the names of Soothing Syrups, Mothers'

best Friend, &c., &c., *cum multis aliis.* They all contain opium in some form or other, and are very injurious to the infant, and ofttimes fatal. No *soothing* medicine whatever should be given to an infant, without it has been prescribed for the particular case by a medical man. That mother who follows the advice of a nurse or friend in this particular is highly culpable, and if the nostrum should prove fatal (which is not an unfrequent event) would, in a moral point of view, be guilty of its death.

Of Artificial Nursing.—If it unfortunately happens that a mother cannot suckle, and is unable to procure a proper person to whom to depute the maternal office, it becomes requisite to consider what is the best food for an infant thus situated. It should of course be, especially in the earlier months, as nearly like the milk of the mother as possible. The milk of different animals varies much in the *quantities* of their component parts, though they all consist of cream, curd,

sugar, and whey; thus there is more cream in the milk of the human female than in that of the cow, and also more sugar and whey. It is stated by Van Helmont, Browzet, Burns, and others, that the milk of asses most nearly resembles that of women; after asses' milk, that of goats; but sometimes these are not to be easily procured. We must then change that of cows, so as to diminish the proportion of curd and increase that of sugar and cream, which is done by adding an equal quantity of new-made whey and about a sixth part of fresh cream, (or less if rich,) and a little sugar. This to be mixed just before it is required, as by standing it acquires bad properties. With the above the child may be fed by means of a proper bottle, with a heifer's teat tied over the mouth part. The infant should always be made to suck its food; for in this way it will not only get it slower, and thus prevent the stomach from becoming overloaded, but it will stimulate the salivary glands to throw out their

secretion, which is necessary to prepare the food to be digested by the stomach. If the boat or spoon is used, the stomach will generally be too full, from the child taking the food quickly, which will cause flatulency, spasms, &c. Indeed, most of the disorders of the stomachs of infants arise from the great quantity of food given, and its being too thick for digestion.

The above food should be continued until the end of the third month. We may then give good cow's milk alone, or a little chicken or veal broth, or beef-tea, thickened with a little oatmeal, or the child may have a little arrow-root, oatmeal, tops and bottoms, or sago, which is one of the best diets for infants. These should be changed occasionally from one to the other, as they may agree or disagree with the stomach and bowels. The oatmeal frequently purges, but, if made in the following manner, will generally be found to agree very well:—Put two tablespoonfuls of oatmeal into about a pint of cold water; let it stand ten

minutes, and pour off the clear liquid, which boil until it is a thin jelly. Whatever food is given to an infant for the first six months should be very thin, and not much sweetened. After the teeth are all cut, solid food may be given, as rice pudding, &c.; very little animal food should be given during childhood. Those children thrive best who have but little.

After the first teeth are cut, the child may have a light-boiled egg or a little calf's foot jelly, and may also drink new milk and water.

If care is taken, children soon learn to feed at regular hours; four times a day is sufficient after the sixth month.

WEANING.—This with all infants is a most important epoch in their existence, and frequently gives rise to disease, if not conducted with great caution. It is difficult to fix a period when weaning should be attempted; but it never should be done suddenly. The child should be prepared for the change by having, about the sixth month, some artificial food given it

—at first once or twice a day, and afterwards oftener; so that it becomes *weaned from the breast in the day*, and has recourse to it only in the night.

It is popularly supposed that, whilst suckling, pregnancy will not occur. This is often erroneous; and when such an event takes place the child must of course be taken from the breast. The same may be said if the mother becomes *unwell*, except in those cases when the mother has always at irregular intervals a discharge which stimulates the monthly one.

Though, as before remarked, it is difficult to fix a precise time for weaning, most authors agree that, after the tenth month of lactation, the milk becomes deteriorated and unfit for the infant; besides, after that time the mother's health, as well as that of the babe, will suffer by continuing the practice. It may, therefore, be cited as a general rule, that the infant should be weaned by, or soon after, its second birthday, provided it be in good health; if not, the breast must

be continued until the child is better. When an infant is cutting one or more teeth, it is not a favourable time to wean.

To effect weaning, the mother must be firm; and, if the infant has been accustomed to artificial food for some time, it will not require any great display of this quality. It is worse than useless to take the breast away for a night or two, and then indulge the infant, as is often said, "with a little drop of comfort." It is the custom with some to put aloes, &c., on the breast, to render it disgusting; it does this, but it is unnecessary if the mother is firm: if not, the child should sleep with some one else; for as soon as it tastes the aloes, or other nastiness, it will scream violently, and thus do itself much harm. The best time of the year for weaning is when the weather is neither very hot nor cold.

After the infant is weaned, it is to be fed with sago, arrow-root, gruel, tops and bottoms, beef-tea, &c., four times a day, taking but a little at a

time; a tablespoonful or two is sufficient for an infant of six months old. Infants should never be fed in the night. There is no objection, after four to six teeth are cut, to let it suck a piece of fresh roasted or boiled meat. Potatoes, either with gravy or butter, are not fit for infants, until they have cut their double teeth. The same may be said of cakes, pastry, and fruits, either dry or fresh. They all give rise to disorders of the bowels or stomach.

When the lady has taken her infant from the breast she should live for a few days on vegetables, and take very little liquid of any kind. The bowels should be opened by Epsom or Cheltenham salts; and, if the milk is troublesome, the breasts should be rubbed with soap liniment three parts and laudanum one part, thrice a day. The breasts in a day or two may be covered with lead plaster spread on leather. It, however, not unfrequently happens that the milk is difficult to get rid of, and that more or less fever is the consequence. When such is the

case, in addition to the aperient already recommended, some febrifuge medicine should be taken, as the following:— Take of Potassio-tartrate of Antimony one grain; solution of Acetate of Ammonia two ounces; Camphor mixture six ounces. Two tablespoonfuls to be taken every four hours.

PRESCRIPTIONS, &c., &c.

If an effervescing draught is preferred, take the following:—

Take of Bicarbonate of Potash three drachms.
Potassio-Tartrate of Antimony one grain.
Syrup of Mulberries half an ounce.
Distilled Water seven ounces and a half.

Mix. Two tablespoonfuls to be taken with one of Lemon juice every fourth hour.

EMBROCATION.

The following embrocation will be found of considerable service in removing the milk:—

Take of Tincture of Lytta,
Spirits of Turpentine, of each, two drachms.
Compound Camphor Liniment one ounce.

The breasts to be gently rubbed with this three times a day.

Drawing the breasts should be avoided, if possible.

CHAPTER VI.

ON THE DISEASES OF INFANCY, AND SOME DISEASES OF CHILDHOOD.

By Infancy is to be understood the period of time extending from birth to the cutting the last tooth of the first set of teeth, or about two years and a half. It was only intended here to have given a sketch of the principal diseases of that period; but it was found that many diseases appertained to both infancy and childhood, as measles, fever, croup, &c., and it became necessary to take notice of them also.

In treating of Congenital Deformities and Malformations, the author does not profess to enumerate all that may occur, because they are generally so obvious to the eye, that they would immediately suggest the necessity of surgical assistance.

The diseases of the skin and various eruptions are numberless, and could not be understood, even by a medical reader, without the aid of plates. It, therefore, will be found, that only those of the greatest moment, or most commonly met with, are here taken notice of.

In the slighter indispositions the author has pointed out the simple modes of treatment, which are found generally of service. In the severer class of diseases he has contented himself with drawing a faithful picture of the appearance they present, and pointing out in some what should be done whilst medical assistance is being summoned. To have laid down a plan of treatment for all the diseases mentioned would have been hurtful and dangerous; because the treatment in many must be altered from day to day, or even from hour to hour, and must also be varied from considerations of age, sex, temperament, strength, &c.

On Congenital and Surgical Diseases of Infants. — Imperfora-

tions of various natural passages may take place, as imperforated *anus* (the lower bowel), nostril, eyelid, urethra, sexual organs of the female, &c.; or they may be malformed, or the exit of the natural evacuations may take place from unnatural openings. These all call for the immediate aid of the surgeon.

IMPERFORATION OF THE ANUS (the natural external opening of the gut).—The want of this natural outlet is sometimes occasioned by a thin membrane stretched across, and is apparent to the eye when the infant makes efforts to expel the *meconium*, in the form of a dusky soft tumor. This extent of obstruction is easily removed by the surgeon. In some cases the outlet is very well formed; but there is obstruction higher up in the bowel, called the *rectum*. This obstruction is generally from about two lines to an inch within the bowel, and is known to be present by the child's not passing the *meconium*, and the nurse being unable to throw up an injection; or by introducing the little finger, or a piece of oiled paper.

This disease may sometimes be relieved. —There are other and more serious malformations of these parts that the art of the surgeon will sometimes fail to cure. When the *meconium* does not pass within twelve or twenty-four hours after the birth, the medical man should be requested to institute a careful examination. The same may be said when the child fails to pass its urine.

NÆVI MATERNI (*Mother's Marks*) may be on any part of the body. When merely discolourations of the skin, and not elevated, they are not dangerous, but seldom admit of cure. But when they are elevated, and of a purple colour, and grow rapidly, an operation becomes needful for their removal; as they might burst, and cause so great a loss of blood as to prove fatal.

DISTORTIONS OF VARIOUS PARTS OF THE BODY, AS CLUB-FOOT, &c., are not uncommon. They are to be treated by careful bandaging, &c., under the direction of a surgeon.

TONGUE-TIED may be known by the child not being able to suck. It is oc-

casioned by the *frenum* or bridle of the tongue being attached too near the lips, and requires a simple operation for its removal.

HARE-LIP is well known. If the child cannot suck in consequence of the cleft, an operation must soon be performed, though always attended with danger to very young infants. If it can take the breast freely, the operation had better be deferred for a year or more.

HYDROCELE is a collection of water in the purse of the male infant. It is generally to be cured by a lotion of muriate of ammonia and water; but if the fluid is not dispersed by these means, it (the purse) will require puncturing in after-life, to let out the fluid.

PROLAPSUS ANI (coming down of the seat). When the child has a motion, a portion of the gut protrudes. When this takes place, it should be carefully returned by very gentle pressure. The bowels should be kept rather lax, and the child not allowed to strain or remain long at stool, if it comes down

even when not at stool, after being returned it should be kept up by a compress and bandage.

BLUE DISEASE, OR CYNOPATHY, arises from imperfection or malformation of the heart. If the malformation is great, it comes on immediately after birth; but generally it does not show itself until after the child begins to walk, or is teething. The skin of the child is dark, and looks dirty and leaden; the nails and lips are blue and livid; the breathing is difficult; there is a kind of asthmatic, suffocating cough, and sometimes convulsions. When cough and convulsions arise, there is danger; but persons so affected have lived to adult age, and then died suddenly. There is no remedy in medicine for this disease: but all excitement of body and mind should be avoided; the child should have rest; its bowels are to be kept open, and care taken that the stomach is never overloaded with food.

DISCHARGES OF MUCUS.—Discharges of matter or blood sometimes takes place from the privates of *female infants*, but

more generally from *female children*, and has sometimes given rise to unpleasant and uncalled for suspicions. If the discharge is white, it generally goes off in a few days, by attention to cleanliness and keeping the bowels open; but if bloody or greenish, it is obstinate, and requires a more complicated treatment, and professional attention is required. The cold bath is always of service, together with purging, and keeping the parts very clean by means of a spunge and warm water.

DYSURY (difficulty of passing water) is to be relieved by warm fomentations, and a drop or two of sweet spirits of nitre.

INCONTINENCE OF URINE, (inability to retain the water,) especially in bed, is generally incurable until towards puberty. The best remedies are those that strengthen the habit of body, as country air, exercise, and sea bathing. A Burgundy pitch plaster may be applied as low as possible on the back.

EAR-ACHE is a frequent and painful disease, both of infants and children.

If too young to tell what ails it, it may be suspected by its being seized with a sudden and severe fit of crying as if it had colic, and like it the pain seems to be easier at times, but it does not, as in colic, *spur* with its feet, nor is its belly hard; but the head is restless, and it complains if the ear is touched. In time the child sobs itself to sleep, and in the morning perhaps its cap is found stained by matter. Heat is the best remedy: a warm poultice or warm oil should be applied to the ear, and the back of the ear should be rubbed with warm laudanum. If there is a fœtid discharge, the ear should be syringed carefully and gently every day with warm milk and water, and the bowels well opened. Some children, whenever they take cold, have a discharge from the ear, and are deaf. In this case the ear should be kept warm and frequently syringed, and the back of it rubbed with a little hartshorn and oil.

OPHTHALMIA, INFLAMMATION OF THE EYES.—This disease may arise from exposure to a fire soon after birth;

it then generally disappears in two or three days by washing with milk and water. But it may be what is called Purulent Ophthalmia, which is a very severe disease, and may cause loss of sight. It begins with a redness of the eyelids, which soon swell so that they cannot be opened, and discharge a large quantity of yellow, greenish matter, which excoriates the cheek. If allowed to continue, the globe of the eye becomes affected, and the humours of the eye come away. It requires a very complicated treatment, which should be conducted by a skilful surgeon. The only advice I shall here offer, is absolute obedience to his orders and great attention to cleanliness. This disease generally arises in the infants of mothers who have had, during pregnancy, a discharge. When this has been the case, great care should be taken, in washing the infant at first, not to expose it to light, and to remove every particle of matter from the eyes. The author prevented the fourth child of a lady being thus affected (the three

previous children having had the disease in a very dangerous form) by attending to the foregoing and keeping it pretty constantly in bed, the room being darkened, having the eyes washed often with milk and water, and by the use of the following lotion four times a day :—Take of acetate of zinc eight grains ; of rose water eight ounces. Mix. This was applied on lint to the eyelids, and a little allowed to fall into the eyes at each time of application. By persevering in this plan during the month, the child entirely escaped, though the mother had been more affected with *leucorrhœa* (whites) in this than any former pregnancy.

SCROFULA is dependent on a peculiarity of constitution which is sometimes born with the infant. Children who are scrofulous have often a fine skin, light hair, large blue melancholy eyes, and a delicate complexion ; the veins of the head and other parts are very apparent. Others have the skin darker, and of a rough, dirty appearance ; the hair is dark, the upper lip

full, and face sallow, and sometimes swelled.—When these peculiarities are not strongly marked, a person may pass through life without inconvenience. But when the scrofulous constitution prevails in a great degree, different parts of the body, without evident cause, become deranged and altered in structure, and a slow inflammation in those parts takes place. The glands of the neck are generally the first attacked; but the ravages of scrofula spare no part of the body. These ravages soon attract attention, and are too well known to require description. It is not intended to enter more fully on the subject, as a full description of this disease would fill a volume, but merely to point out what is the best means of preventing its havoc in persons with the above characters. They are those that improve the general health; as good and nutritious food, warm clothing, country air, sea bathing, or the use of the tepid or cold bath daily; gentle friction of the whole body with a flesh brush every evening, and great attention to the bowels.

RICKETS.—This disease generally shows itself between the sixth month and the second year, but sometimes it is found even at birth. *The causes* of this disease, and of scrofula, of the nature of which it partakes, are foreign to our purpose. The face of a rickety child is sallow and bloated; the skin is relaxed and flabby; the child is weak and listless; the bones are softened and can be bent, so that the long bones, as the leg, thigh, arm, &c., become much curved, and their extremities enlarged. The ankles swell first, and then the back changes its shape, and the breast protrudes; the bones of the hips approach each other; the head increases much in size, and the belly is hard and large; the appetite is bad or depraved; the bowels are bound, and the evacuations are very offensive; the teeth are late in appearing, are bad, and are soon lost. Amidst all this bodily deformity we frequently find the mind prematurely developed. This disease sometimes proves fatal, by producing water in the brain or convulsions; but it is often stopped in its pro-

gress by nature or art, and the person lives, more or less deformed.

Bad food, bad air, dirt, insufficient clothing, and all causes of debility, call this disease into action, although with every care it is not always to be avoided.

The person thus affected should have very nutritious diet, country air, sea bathing, and friction over the whole body for some hours a day. The secretions of the bowels must be enforced by proper and judicious medicines, long continued; and the debility prevailing in the system, if possible, obviated. This can only be done by following the prescription of a professional adviser.

BURNS AND SCALDS.—If they are slight, a lotion of equal parts of lime water and linseed oil gives much relief, so does the application of flour to the part. If it be the finger or hand, putting it into very cold water is the best application at first; afterwards it may be dressed with brown cerate. If, however, the burn or scald is severe, a medical man must be sent for, as they are attended with much danger, and

especially if on the trunk of the body. Be careful not to break the blisters, and in taking off the clothes do not pull, but cut them off, as it is desirable to preserve as much of the skin as possible; the loss of this exposes the nerves to the air, increases the pain, and very much enhances the danger. The applications recommended in these cases are very numerous; but in severe burns, &c., more depends upon the *internal, or constitutional management, than on the local application.*

ON CUTANEOUS AND ERUPTIVE DISEASES.

STROPHULUS INTERTRINCTUS, or RED GUM, is a papular eruption of a vivid red colour, on the face and neck of young infants, and somewhat resembles measles; but there is no cough or fever. It is of little consequence, and arises from irritation of the bowels, and calls for a dose or two of magnesia. The child, during its continuance, should not be exposed to cold.

STROPHULUS ALBIDUS, OR WHITE

GUM.—This attacks older children than the former. It generally comes on after exposure to the sun, and has been mistaken for itch. It is a number of minute white specks on the neck, face, and breast. It requires no particular treatment.

STROPHULUS CONFERTUS, AND STROPHULUS VOLATICUS.—These are teething rashes. They consist of papulæ (or pimples), so closely together as to form one patch. These patches vary in size, from a sixpence to a crown-piece, and are generally on the face and arms; if on the body, the papulæ are larger and flatter, and surrounded by inflammation, and at a distance look like measles, and as they are sometimes preceded by sickness have been mistaken for that disease. But there is no cough, sneezing, &c., nor much fever. Gentle laxatives of magnesia and rhubarb, or senna and manna, are all that is required.

STROPHULUS CANDIDUS.—The papulæ are paler than the surrounding skin, and of a smooth and shining ap-

pearance. It has been taken for itch, but it is not itchy. It comes out all over the body when teething, or occurs after some acute disease, and is then a favourable sign.

ITERTRIGO, OR CHAFINGS.—Is a small rash on the folds of the groin, arm-pits, &c., which soon forms a sore. The parts should be frequently washed with warm milk and water, and then well dusted with violet powder; or the following ointment may be used: take of sulphate of zinc ten grains; of simple cerate one ounce—mix. To be applied three times a day; or when wetted by urine, &c.

ERUPTIONS, almost endless, attend teething, but are of little consequence if unattended by fever.

Infants who have artificial nourishment, or bad milk, are subject to troublesome successive crops of inflamed pimples, which slowly gather and burst, and form brown scabs which fall off. They may be on any part of the body, and sometimes are large enough to be called boils. The colour of these

boils differs according to the strength of the infant: in weakly infants they are purple; in stronger ones they are red. This eruption, called *Ecthyma Infantile*, requires better diet or a new nurse, and great attention to the bowels, and removal to the country. This eruption may arise on the other hand from gross feeding. In this case lower and plainer diet, and purging, will effect a cure.

POMPHOLYX appears during teething. It consists of a number of vesicles, or pimples, of different sizes, on the belly, ribs, and thighs, which contain an acrid water. These vesications are most common in summer. LORY considers them to be produced by the heat of the sun; they require no medicine, except some gentle aperient, but the water should be let out with a small needle.

PEMPHIGUS is a disease somewhat similar in appearance to the above, but is much more serious, and it attacks weakly infants soon after birth. The vesicles are at first small, but become large and oval, and the contents tinged.

They are surrounded by a livid halo, and when broken the part ulcerates, and the ulcer spreads. This disease is attended by fever, sometimes with *Apthæ* (thrush), and is always very dangerous, and under the best plans of treatment frequently fatal. In all the foregoing cases the advice of a medical man should be taken; in this it is imperative.

SCABIES, OR TRUE ITCH.—*Psoriasis*, or Scalytetter, sometimes called dry Itch; *Porrigo* or *Tinea*, called Scald-head, or Ringworm of the Scalp, are well known by their appearance to most nurses. The treatment of any of these diseases is complicated, and should be entrusted only to a medical man.

PITYRIASIS, OR DANDRIFF, is a dry, scurfy, and scaly eruption amongst the hair near the forehead. The skin is covered with a thick white scurf, which can be removed like powder; further back large scabs are formed. The hair should be cut very close or shaved, and the head washed with a brush

and soap and water daily. The head at night should be smeared with the following ointment:—Take ointment of the nitrate of mercury one drachm; simple cerate seven drachms—mix. The bowels should be kept freely open.

LEPRA, LEPRA ALPHOIDES, HERPES FARINOSUS (scurvy spots, or ringworm). The appearance of this disease is well known; it is very contagious and obstinate. The ointment ordered in the preceding is a good application, along with frequent ablution of the part, and the use of a lotion, as sulphate of zinc twelve grains, rose water one ounce—to be applied three or four times a day. The creosote ointment applied three times a day often effects a cure.

SCABS FROM VERMIN are best cured by freeing the head of the vermin, by cutting the hair, washing the head, and the use of a brush two or three times a day. The powder of stavesacre dusted into the hair at night, or a drachm of calomel to an ounce of hair powder used in the same way, will destroy the vermin.

ERYSIPELAS (St. Antony's fire) sometimes affects infants, and when it attacks the head, face, navel, or genitals, is highly dangerous. There is fever, and the part affected is red and hot, with a soft and diffused swelling, and the skin feels sometimes thick or brawny, and vesicles form on it. The redness disappears on pressure with the finger, but immediately returns. Medical assistance is required.

EXCORIATIONS BEHIND THE EARS take place during dentition. If slight, they only require to be kept well washed with milk and water, and covered with lint spread with simple ointment. If the discharge of matter is great, they should be washed with two grains of sulphate of zinc dissolved in an ounce of water. They should not be healed quickly, without the child is well purged. Sometimes the ulcerations are so severe and extensive that the irritation causes convulsions; even mortification may ensue. If, therefore, they assume a very formidable appearance, a surgeon should be called in.

SPONGY AND ULCERATED GUMS should often be touched with borax and honey, or muriatic acid and honey, made as sour as it can be borne. A very excellent wash is one composed of equal parts of tincture of myrrh, tincture of rhatany, and lime water. These ulcerations should never be neglected, or they may become malignant, and are even so from the first in some cases, and then form the ulcer called *Canker*, which attacks and destroys the gums, cheeks, and palate, and sometimes even the bones of the mouth. It will be necessary to pay attention to the bowels, which should be opened by magnesia, or, if the child is purged, treated as for looseness. The diet should be thin but good, if the child has been taken from the breast.

APHTHÆ, THRUSH, FROG.—This is a very common disease; few children escape from it either in the mild or severe form. It consists of small white specks on the tongue, inside the cheeks, and at the back of the mouth. If the disease is mild the spots are few, and

look like bits of curd stuck here and there upon the tongue, &c. The constitution in this case is not much affected, though the child is fretful, the bowels purged, and the stools green and offensive; there is but little fever. This form of aphthæ generally occurs in the mouth. The mouth may be cleansed with honey and borax, and the child should have a little magnesia, and, should it have been fed with artificial food, the feeding must be discontinued, and it must be supported entirely from the breast.

In the severe cases of this disease there is much fever; the eruption in the mouth is copious, and, indeed, sometimes so great that the whole tongue, cheeks, &c., seem spread with curd; the pimples, or vesicles, are continued from the mouth to the stomach, and even hence completely through the whole of the intestinal canal, and appear at the outlet, which is much excoriated. The child vomits and is much purged; the stools are green or unnatural in appearance, very acrid

and fœtid. There is much griping, and the stomach is painful to the touch; the child, if at the breast, sucks with difficulty, and is greatly oppressed. This disease arises from inflammation or other changes in the stomach and bowels, and is always dangerous and ofttimes fatal. It requires very active treatment to save the child, and no one should be entrusted with such a case but a medical practitioner.

PUTRID SORE THROAT.—This is another and highly malignant species of Aphthæ, and one of the most formidable diseases of childhood. The child is at first suddenly sick, restfess, and cold; the pulse is quick and leeble, the eye heavy, and face pale; the throat is seldom complained of, but on examination is of a deep red, and ash-coloured vesicles are seen on the tonsils; the breath is bad; the skin is hot, and for a short time the cheeks are flushed, but they soon become pale or livid; the tongue is brown and dry; the nostrils discharge an acrid mat-

ter; the breathing is difficult; there is hoarse cough and fits of suffocation. In so severe a disease as the above the practitioner must be immediately sent for, and even his skill in many cases will fail to save life.

SKIN-BOUND.—The infants afflicted with this disease are generally delicate. The skin from birth is not pliable, being most rigid about the mouth; it gradually becomes tight, hard, and shining, seems as if it was glued to the parts below, and is of a yellowish colour. In some cases the whole of the skin is affected; in others chiefly about the jaws, neck, and joints. The scalp is often bald and shining, and the veins of the head large and distended. The child is dull and restless, mourns, and gradually sinks. There is a more severe form of this disease met with in hospitals, which speedily causes death, and is attended by violent fever and unnatural stools. There is also a milder one where the skin is only bound over a small part of the body. All forms of this disease are very rare.

URTICARIA (NETTLE RASH) is preceded by languor, sickness, and fever. On the third day, or earlier, a rash like that caused by the stinging of nettles appears. It is in irregular patches raised above the surface. The patches do not remain out constantly, but appear and disappear during the disease, which lasts about seven days. The itching is much mitigated by sponging the parts with warm water. The child, if possible, should be kept from scratching. An emetic should be given, (see p. 150,) and the child should be well purged with calomel and jalap, or senna and manna, and also take the following mixture:—Take wine of antimony two drachms, solution of acetate of ammonia half an ounce, simple syrup two drachms, distilled water an ounce—mix. Two teaspoonfuls to be given every fourth hour, to a child from six to twelve months old.

SCARLATINA, OR SCARLET FEVER.—Simple scarlet fever begins with considerable feeling of weakness, chilliness,

nausea, and pain in the belly, around the loins, and in the legs. The attack is generally sudden, and comes on in the evening or afternoon, the child having been apparently well and lively an hour before. The skin is hot, the pulse very quick, the feet cold, and the breathing quick and irregular; the eye is dull, and the eyelid turgid and red on the inside. Sometimes, but not often, convulsions come on early; when this is the case, the symptom is considered unfavourable. On the next day the eruption appears, first on the face and neck, and very soon over the whole body. The eruption consists of very small specks, but so closely together that the skin appears altogether of a vivid red colour, and is rough and very hot. The inside of the eyelids, nostrils, cheeks, &c., are of a deep red, as is also the tongue. The eruption is most vivid at night, and especially on the evening of the third or fourth day; on the fifth it declines, and is gone by the seventh. During the eruption the child is drowsy, slightly delirious,

and complains much of itching, as it also does when the eruption subsides. This is much relieved by sponging the surface frequently with warm water and vinegar.

The malignant form of scarlet fever is ushered in much in the same way, but the symptoms are more violent; and almost from the first the throat is affected, being red almost as soon as the peculiar paleness and dejection of the countenance (which is said by Dr. Simms to be an early symptom) is perceived. The jaws and neck feel stiff on the second day; the voice is hoarse, and sometimes a croupy cough takes place. It is not necessary further to follow the progress of this disease; suffice it to say, that good advice should be early called in, OR THE CHILD WILL DIE.

RUBEOLA (MEASLES).—For two or three days before the measles come out there are irregular shiverings, alternating with heat, general weakness, languor, loss of appetite, white tongue, pain in the back and loins, slight sore

throat, hoarseness, dry cough, sneezing, weight and pain across the forehead, giddiness, drowsiness, sometimes convulsions, frequent pulse, costiveness, and high-coloured urine. On the third or fourth day the symptoms are more severe; the eyes are tender, watery, and appear inflamed; the eyelids are swelled, and the nostrils discharge a thin humour, and there is frequent sneezing; the breathing is somewhat difficult, and there is pain and tightness at the chest. The eruption appears from the third to the sixth day, but frequently on the fourth day, and it remains out for about three days. It is first visible on the forehead and on the throat and face, next day it appears on the breast, and by evening covers the legs and arms, &c.

The eruption of measles is at first in minute red spots, apparently a little raised; then the spots extend and form an oval irregular figure, slightly elevated, but flat, resembling a flea-bite; soon large patches appear intermixed with distinct spots, the colour of which

is not always vivid; but when the finger is passed over the skin it feels rough and elevated. In infants under a year old, the eruption is not so thick as in older children.

Sometimes the eruption does not come out freely, or quickly recedes; both these are unfavourable symptoms. In the regular course, the eruption on the face fades a little on the sixth day, and on the seventh those on the body are paler; from this to the ninth day, the eruption is going off. The sneezing and inflammation of the eyes decline with the eruption. Towards the end bleeding at the nose sometimes takes place.

Numbers of children pass through measles safely, by domestic attention and opening the bowels with some mild aperient, but nevertheless they are at certain times very fatal, and in the mildest cases inflammation may take place and destroy life. It is therefore desirable that every case should be IMMEDIATELY placed under the care of a medical man.

VACCINATION. — The benefits conferred on mankind by vaccination, in preventing small-pox and its debilitating consequences, are now universally admitted. It should be performed when the child is free from sickness or rash, and should not be delayed longer than necessary. It sometimes happens that after vaccination a person may have small-pox in a mitigated form, so that, if it does not in every case *prevent* that disease, it robs it of its horrors; for after vaccination the small-pox is generally mild, and the patient goes through it safely, and is afterwards almost entirely without scar or pit.

Many cases of what is called "secondary small-pox," or small-pox after vaccination, have occurred during the last few years, and have been of a severe character—so much so, that it has led some practitioners to doubt the preventive power of Jenner's discovery; but, on minute inquiry, it seemed to arise from some possible inefficiency or incompleteness in the previous vaccination, or from some pe-

culiarity in the constitution of the child, although in some cases (and in these it may be from the above circumstances) vaccination seems to lose its preventive power; and it is necessary, to have the full benefit of this divine discovery, that persons should be re-vaccinated once, according to some authorities, every seventh year. The author, however, knows numberless cases where it has prevented the contagion of small-pox above thirty years after vaccination, though the person has been very frequently exposed to the contact of that disease.

CHAPTER VII.

ON TEETHING, ETC., ETC.

SICKNESS AND VOMITING—WORMS—JAUNDICE—WASTING—INFLAMMATION OF THE STOMACH, ETC., ETC.

GENERALLY the first teeth cut the gum from about the sixth to the eighth month, but some very delicate or rickety children have no teeth until a year and a half old. The two middle front teeth appear first, and in about a month the two opposite ones; then two side teeth in front, both above and below; about the twelfth or fourteenth month the first double tooth appears; about the sixteenth or twentieth month the eye teeth appear, and from that period to the thirtieth month the back double teeth come through. The child is about two years and a half old when it has all its first set of teeth, twenty in

number. These continue to the sixth or seventh year, when they begin to fade and fall out to make room for the permanent set.

Many children do not suffer much when getting their teeth ; but generally there is more or less irritation about the mouth. The gums are hot and itchy, and swelled over the tooth, so that the edge which was before sharp is now round and full. The secretion of saliva is increased, and the stomach and bowels are irritable ; partly from this cause producing gripes, and partly from the pain in the gum, the child is seized with frequent and sudden fits of crying, starts from its sleep, mourns or screams suddenly, and again dozes. If the child is very irritable, and the tooth advances fast, or several teeth come forward at the same time, very unpleasant effects are produced, such as severe bowel complaints, fever, spasmodic cough, eruptions, sore ears, ulcerated mouth, thrush, and even convulsions. When these make their appearance, the child should be put into a

warm bath, and a medical man sent for. Not a moment should be lost in relieving the child, by lancing, from the pressure of the tooth on the gum.

When children are teething, they seem to receive relief from biting a hard substance. A ring of ivory is the best and safest thing for the purpose.

Irritation and fretfulness are mitigated by attending to the bowels, and sending the child into the air; if it be hot, it should be well sponged night and morning, and the spine may be rubbed with a little laudanum, which will act as an opiate without producing the ill effects of such medicines given by the mouth. If there is fever, the bowels must be kept open, and the child will receive much benefit from the warm bath. Purging is not uncommon, and it is to be treated in the manner recommended under the head of "Diarrhœa," but a somewhat lax state of the bowels is to be desired.

SICKNESS AND VOMITING OF INFANTS.—Vomiting is not unfrequent in young infants from over-fulness of

the stomach. This, when it takes place easily, and is merely curdled milk, is rather of service than otherwise; but if repeated often, though unattended by any other symptoms, it may do harm by robbing the child of too much food. The irritation of the stomach, on which it depends, will be allayed by putting a cloth dipped in spirit, and dusted with pepper, to the pit of the stomach, and giving a teaspoonful or two of white wine whey. If what is vomited is sour and ill-smelling, and firmly curdled like cheese, and the child still seems sick, some more probably remains in the stomach, which should be relieved by an emetic of Ipecacuan wine*, and afterwards a dose or two of the following medicine should be given, and the bowels kept open with magnesia:—Take of calcined magnesia one scruple, sugar one drachm, of oil of aniseed four drops, of aromatic confection a scruple, of tincture of opium three drops, of cinnamon water two ounces. Mix—a teaspoonful to be

* A teaspoonful every ten minutes until the child vomits.

given twice or three times a day to a child from about three to six months old.

If what is thrown up is green and bilious, the child should have an emetic, and afterwards small doses of calomel and the above mixture. The sickness which precedes vomiting is sometimes frightful to behold; the child is much oppressed, pants, is deadly pale, the limbs are relaxed, and it seems as if it would die. It is immediately relieved by vomiting.

Vomiting, connected with fever or purging, is only a symptom of disease. It is however desirable to restrain it, which is done by small doses of saline mixture.

DIARRHŒA, OR PURGING, is often very severe, and at some seasons of the year fatal. In this disease the stools are of various colours, as green, curdled, &c. Sometimes it is attended with inflammation and fever. It is common during the time of dentition.

When it does not proceed from den-

tition it generally arises from improper food, and the diet should be attended to. If the infant is at the breast, it should, if possible, have a change of breast, especially if the nurse has been out of order, and the diet of the mother or nurse should be attended to. The infant's strength is to be supported by beef tea, animal jelly, &c.; the bowels should be cleared of all irritating matter by a teaspoonful or two of castor oil, and afterwards the following mixture should be taken (the infant is supposed to be six months old):—Take of chalk mixture one ounce, tincture of opium from four to six drops, aromatic confection one scruple—mix. A teaspoonful to be taken three times a day: the infant should be put into a warm bath night and morning. When the number of stools is very great, much discoloured, and offensive, a practitioner should be called in. In the disease called *Lienteria*, or watery gripes, his presence is also required.

CONSTIPATION is best relieved by

doses of calomel, followed by castor oil, senna tea and manna, or magnesia; sometimes it is requisite to give more powerful medicines; in such cases medical advice should be taken. If the mother or nurse is of a costive habit, this habit must be changed. If the infant is taking food, barley-meal porridge and veal broth will be the most laxative diet.

COLIC is a frequent complaint with costive children. The infant screams suddenly and draws up its legs, the abdomen feels hard, the child kicks, there is often suppression of urine. The warm bath, and fomentations of poppy heads, and rubbing the belly with laudanum, together with a glister of a few drops of tincture of assafœtida, generally give relief. The child, if costive, should have a dose of castor oil, with a drop or two of laudanum, and a drop of oil of aniseed. If the pain is long continued, it may produce inflammation; therefore obtain medical assistance speedily.

MARASMUS, OR WASTING.—In this

disease there is costiveness, alternating with purging; the stools are fœtid and unnatural. There is lassitude, debility, loss of appetite or depraved appetite, bad breath, tumid belly, pale countenance, and swelled upper lip; soon after there is fever, hot skin, thirst, an inclination to pick the nose, and disturbed sleep. The loss of flesh is very apparent.—This disease is very dangerous, and is sometimes called "Remittent Fever;" when it arises from worms, "Worm Fever;" and when from irritation of dentition, "Tooth Fever." The treatment is complicated, and cannot be trusted to any but A MEDICAL PRACTITIONER.

WORMS.—These are of various kinds, and give rise to numberless morbid feelings and symptoms. There is pain in the belly, purging, variable and voracious appetite, the child is always hungry, has a bad breath, its complexion becomes pale, its lips swelled, a livid circle surrounds its eyes, the belly swells, and its sleep is disturbed; the child wakes terrified, has a dry cough,

picks its nose, has a slow fever, occasionally headach, sometimes convulsions, and frequently grinds its teeth. Worm medicines are numerous—their name is legion; but more benefit is derived from a proper attention to the general health than any other plan. But a course of purgatives, as jalap, scammony, calomel, and senna, often do good; together with some bitter in the course of the day, as an infusion of worm-wood, gentian, box leaves, or columba. I have found a tincture of the buds of the male fern very useful in expelling worms.

Icterus Neophytorum, (Jaundice, Yellow Gum).—This may take place a day or two after birth. The child is drowsy and constipated, its skin is yellow, and the stools white, clay-coloured, or green, almost approaching black. It has been stated that this is not a dangerous disease, but easily removed by a dose or two of castor oil. This is sometimes the case, but occasionally it is severe and fatal. Medical advice should be taken.

FEVER is a frequent disease in infancy and childhood, but it is generally symptomatic, or produced by some local irritation, such as worms, marasmus, &c., &c.; but in all cases of fever medical attendance is requisite.

GASTRITIS, ENTERITIS, AND PERITONITIS.—*Inflammation of the Stomach, Bowels, and Covering of the Bowels, and inside of the Muscles of the Abdomen, called Peritonium.*—The first-named is rather an uncommon disease of infancy. Its symptoms are—considerable fever, red tongue, frequent vomiting of every thing taken; the throat is inflamed and covered with "Thrush," which spreads to the mouth. The child cries much; the stomach is full and tender to the touch; the bowels are purged; the thirst is very urgent, although every thing is rejected by the stomach; and there is incessant crying.

The two other diseases are more common. There is fever and violent pain in the belly (like colic), which is

tender to the touch; the bowels are generally costive, and the stools when procured slimy and fœtid. The other symptoms are the same as those above detailed. The warm bath should be instantly employed, and the medical man sent for immediately.

In the first-named disease (inflammation of the stomach), if the child is of such an age as to be able to give an account of his feelings, he complains of heat or burning in the stomach and throat; if younger, pressure on the stomach increases the crying; but the disease is best known by the vomiting being constant. In the second and third-named, the disease is often quickly fatal or quickly removed; if not so, the child may linger some weeks, and the nature of the disease be mistaken. As already stated, in either of these diseases the warm bath should be immediately used, and in addition a few leeches put on the pit of the stomach, if there is much vomiting; on the belly, if much pain upon pressure, without vomiting; and after-

wards a fomentation of poppy heads and camomile flowers made use of. These means may be safely used, if the medical attendant is tardy in making his appearance.

CHAPTER VIII.

ON DISEASES OF THE CHEST, LUNGS, AIR PASSAGES, ETC., ETC.

PERTUSSIS, OR HOOPING COUGH, often begins like a common cold; the child coughs frequently, and has more or less fever; in some the fever is very slight, in others very severe and long protracted, attended with sickness, great oppression, and want of appetite. The cough comes on suddenly, and is generally early attended by a sonorous spasmodic inspiration, denominated whooping, or hooping (in Scotland chink, or kink). The fits are most frequent and severe in the night. When the cough is fully formed, the paroxysm consists of a number of short expirations following each other, and produce a feeling of suffocation, relieved at last by a violent, full, and crowing inspiration; the paroxysm

continues until a quantity of phlegm is coughed or vomited up, alone or with the contents of the stomach. Sometimes the paroxysm is slight; at others long continued, so that the face becomes turgid and purple, and the sweat breaks out, and blood even gushes from the nose and mouth. The extremities are cold during the fit, and the whole frame is much agitated. However severe the fits may be, if not attended with fever, the child seems well after the fit, and will eat with appetite and play about.

Hooping cough is dangerous to *infants*, for they often die suddenly in a fit of suffocation; older children escape better, though they are sometimes carried off, from the fever continuing, or dropsy coming on. Sometimes the lungs become diseased, and hectic fever takes place; or inflammation or convulsions may occur, and prove fatal.

Many remedies have been employed; nothing, however, relieves the coughing fit so much as emetics. Embrocations

of camphorated oil should be rubbed on the back and chest; and, towards the end of the disease, change of air is of the greatest service; but the whole treatment should be left to the medical man in attendance.

CATARRH (COMMON COLD).—Infants are subject to catarrh, either common or epidemic. There is fever and inquietude, redness of the cheeks, watery discharge from the eyes and nostrils, disposition to sleep, panting and shortness of breathing, with frequent cough, but not severe. It generally goes off in a week by gentle purging, saline medicines, and the use of the warm bath; a few leeches to the chest are sometimes required.

BRONCHITIS—INFLAMMATION OF THE BRONCHIA OR AIR TUBES OF THE LUNGS—is far from being uncommon; it begins with cough, and a good deal of phlegm is secreted, which the child swallows. The cough is frequent and comes on in fits; it is a *stifled* cough, and somewhat hoarse or shrill. The breathing is difficult, and on put-

ting the ear to the chest a rattling is at times heard. Vomiting often takes place, the pit of the stomach is full, the stools are bad, the face pale, and the child sick and dull. It will take the breast, but no other food, the breathing becomes more and more difficult, the child appears choked with phlegm, the feet and hands swell, the body is emaciated, the cheeks in the evening are flushed, the cough is severe, and death ends the painful scene. This disease is lingering; in the commencement it resembles Catarrh. If the child is to be saved, it must be by prompt medical management.

CROUP, which is one of the most dangerous diseases to which childhood is obnoxious, begins with shivering and other symptoms of fever. There is thirst, restlessness, starting, hot skin, a tendency to vomit, and a dry hoarse cough. Often, however, the attack is very sudden, and there is difficulty of breathing, attended by wheezing; the voice is shrill; the cough is of a very peculiar sound, like the barking of a young dog, or a cough heard through

a metal tube, or the crowing of a cock. This cough is of less importance than the difficulty of breathing. The pulse is quick, the child restless, the face flushed, the eyes watery and inflamed, and the mouth filled with thick saliva. There are fits of drowsiness, from which the child is roused by the cough, and a sense of suffocation and agitation. This disease has exacerbations, during which the heavy sonorous breathing is exchanged for a violent struggle, in which the child makes a crowing noise, and, if old enough, starts up and clings to the nearest object, and looks most piteously for help.

The duration of this disease is various; it is sometimes fatal in a few hours, and therefore requires the most skilful management to give the child even a chance of life. As soon as the attack is perceived, a medical man should be sent for: but immediately place the child in a warm bath for about fifteen minutes, keeping up the temperature to about 96°; if by this time the practitioner has not arrived,

let the child be wiped dry with warm cloths, and wrapped in a blanket, then apply a few leeches to the neck. These means, having been used early, will render much more probable the successful treatment of the disease by the medical man when he arrives.

1. LARYNGISMUS STRIDULUS, *or Croup-like Inspiration of Infants*—2. CATARRHUS SUFFOCANS, *Suffocating Catarrh*—3. ASTHMATO INFANTINE SPASMODICUM, *Spasmodic Asthma of Infants*—4. SPASM OF THE GLOTTIS—5. CHILD CROWING.—This disease, which generally attacks delicate children during dentition, is not of very frequent occurrence, but is very generally fatal, although one author, Mr. North, denies this. It is, however, so dangerous, that a medical man should be sent for the moment the symptoms are noticed. It has received many names: the one marked No. 1 is given to it by Dr. Hugh Ley, to whom the profession are indebted for a most valuable monograph on the subject, and from whose work the author is princi-

pally indebted for the following facts. The second name is given to it by Lieutand; third, by Dr. James Simpson; fourth, by Evanson and Maunsell, of Dublin; fifth, by Dr. Gooch. Other authors have described the disease: Hamilton, of Edinburgh, does so under the head of "Teething," and Dr. Clarke and Dr. James Johnson under the names of "Carpo-Pedal Contraction," and "Carpo-Pedal Spasm;" and many other authors treat of it—as Miller, Bayle, &c.

This formidable malady is owing to a constriction of the glottis, or top of the wind pipe, impeding the egress of air into the lungs, and sometimes so completely closing it as to suspend the respiration entirely for a few seconds. After vehement or convulsive struggles, the child succeeds in getting breath with a shrill sound, like the crowing of a cock, or the inspiration of croup. The attacks are in fits, which vary much in duration and in intensity. At the beginning the intervals are considerable—hours, days, and weeks may

intervene between the fits; but in the progress of the disease these paroxysms recur with alarming frequency, there being scarcely a complete interval. The degree of severity increases also; the fit is sometimes only for a moment, at others it lasts a quarter or half an hour. At first the complaint attacks in the night, or after sleep; but when established the fits come on at any time. In the violent struggles the child makes to recover breath, the eyes roll upwards, the face expresses agony, or is convulsed, the head is thrown back, the belly and chest work strongly, and the legs and arms are rigid and contracted, as are the fingers, thumb, &c. The face is pale and cadaverous, and the veins turgid and dark, forming black streaks on the forehead and temples, which continue long after the fit has gone off. There is but little or no fever present; when there is cough, it is *not* hoarse, and the breathing during the intervals is perfectly free. These things distinguish it from croup. When fatal, convulsions generally precede

death. The following case well illustrates the disease :—

"A delicate child cutting three or four back teeth became subject to wheezing, which was better for a time but soon returned, especially in the night, with disposition to vomit; the attacks gradually became more severe, and recurred two or three times in an hour. There was spasm of the chest, the head was thrown back, the back much bent, and the child seemed about to be suffocated; the eyes staring and rolling upwards at times, and the face agonized. The fit lasted six or eight minutes and then went off; the child was irritable. During the fit the limbs were stiff; the hands and ankles hard, swollen, and bent; the thumbs much bent and across the hands, the toes also were bent towards the sole of the foot; no food was taken; the bowels were costive and stools whitish; there was but little fever. The fit went off, after a severe struggle, with a shrill sonorous inspiration like that of croup or hooping cough."

INFLAMMATION OF THE PLEURA, OR COVERING OF THE LUNGS *(Pleurisy)*—INFLAMMATION OF THE LUNGS.—In these diseases the skin is hot, the face flushed, the pulse quick, the breathing short and oppressed; there is cough, which is aggravated by crying, by motion, and by laying the child down; the child is more disposed to cough, and is more uneasy when lying on one side than the other. If relief is not obtained, the breathing becomes difficult, and the feet cold; the cough is stifling; there is rattling in the throat and stupor; the pulse becomes irregular; the feet and hands swell, the face is sallow or dark, and the breathing difficult, with short cough and frothy expectoration which flows from the mouth. The treatment, which consists of bleeding, leeching, blisters, &c., together with proper medicines, must be trusted only to a medical man.

Here permit me to direct the particular attention of mothers and nurses to the respiration of infants, for few diseases are more common, or more

fatal, than those of the chest. If then, at any time, an infant's breathing seems to be hurried, or is performed more or less by the muscles of the abdomen, and the child has a cough, however slight, or of whatever character, it requires the attention of a medical man, many of the diseases of the lungs being most insidious *and difficult of cure if permitted to continue ever so short a time unchecked by curative means.* Dr. Beddows quaintly remarks that, if a child coughs *once*, you must be on your guard, for a cough is like a robber who has already been in your house, and will not fail again to seek admission and plunder the dwelling, without extraordinary care is taken to prevent him.

CHAPTER IX.

CONVULSIONS—WATER IN THE HEAD, ETC., ETC.

CONVULSIONS.

They may arise from any irritation, and frequently do so in early infancy from the state of the bowels; when further advanced in age, from dentition, or in the course of eruptive fevers, or from worms, and even fright; and they very generally precede dissolution in many acute diseases. In all cases of convulsion, a medical man should be procured as soon as possible.

In some cases the attack is sudden, in others gradual, and the early symptoms are not easily perceived. When the attack is sudden, the infant is perhaps in perfect health, and in a moment becomes livid, the eyes and features contorted, there is difficult breathing,

foaming at the mouth, and the whole body is in violent agitation; the hands are clenched, and the body thrown backwards. This perhaps continues only a few minutes, and the child recovers for awhile; or it may prove fatal. When it recovers, it shows uneasiness, changes colour, the lips quiver, the eyes are turned up, and immediately the child stretches itself, or the hands are clenched. Sometimes the fit is only partial, and of short duration, being confined to the face, and recognizable by the twitching about the mouth, and lividity of the eyelids. Sometimes, however, the whole body is convulsed violently, and the fit is seldom off; in others there is a long interval between the fits, but during that interval the child is torpid, insensible, and blind; and in others, the moment the fit is off, the sensibility returns, the first evidence of which is violent screaming.

When convulsions take place after any severe or protracted illness, they may usually be considered the harbingers of death; even when the infant

has been in perfect health before the attack, the event is to be considered uncertain, especially if they are not suspended by proper treatment within forty-eight hours. In ordinary cases the danger may be estimated by the violence of the fit, its duration and return. If it depend on some irritation that can be removed, a favourable termination may be looked for; but, if the cause is not obvious, it may arise from a state of the brain which does not admit of remedy.

The first thing to be done when a child is seized as above stated is to send a messenger for immediate aid; the next, to put the child into a hot bath, and to keep its head wet with linen dipped into cold water. If any one is present who can give a glister, one should be given, consisting of a dessert-spoonful of salt in a quarter of a pint of warm water. The infant is to be kept in the bath some minutes if the fit does not go off sooner. As soon as it is taken out of the bath, let linen, wet with strong spirits and sprinkled

with pepper, be applied to the belly. By this time most likely the medical man will have arrived, who will inquire into the cause of the convulsion, and act accordingly.

INWARD FITS are a slighter degree of spasm or convulsion, and appear generally to be caused by wind in the stomach and bowels. The mouth during sleep is drawn into a smile; the eyelids are not quite closed, and the eyes are turned about, so as sometimes to show the whites; the breathing now and then flutters, and the child is easily startled. These generally go off in a short time, but are sometimes followed by vomiting and purging, or sleepiness, ending in convulsions. The infant's bowels should be opened by small doses of magnesia. A mixture of magnesia, oil of aniseed, and tincture of assafœtida, should be given now and then.

Some infants soon after birth, and when the *meconium* should have been all removed, still continue to pass dark-coloured motions, are languid and moan; they then fall into a state more

like fainting than convulsions, and perhaps die in forty-eight hours. The use of calomel and aromatics are proper in this affection.

Some soon after birth cry violently, and become more or less convulsed repeatedly. The use of the warm bath, castor oil, and rubbing the belly with a little laudanum, is of service. Infants of a month old, who are badly nursed, are subject to colic, which induces violent screaming, and then a convulsion which may carry them off. Not doing so, the bowels should be attended to, and the child treated as above recommended.

When the child has repeated convulsions, and almost constant moaning and bending back of the neck and spine, the disease is generally incurable, as it proceeds from water in the head.

Children disposed to water in the head sometimes fall down for a few seconds insensible, without much, or perhaps any, convulsion. By purging, and keeping an issue on the scalp, the danger may be averted.

All these cases demand professional attention.

HYDROCEPHALUS, OR WATER IN THE HEAD, is a very insidious and dangerous disease. It sometimes comes on suddenly, and carries the child off in a few days; at other times it is slower, and the disease is protracted to weeks or months. It is divided into acute and chronic. It may appear as a disease of itself, or come on in the course of other diseases.

ACUTE HYDROCEPHALUS begins like common fever, but there is frequent vomiting, and great pain at one side of the head. After the fever has continued some time, the marks of oppressed brain appear. Often before the attack the child is languid, peevish, and uncomfortable, without any particular complaint. The appetite is bad; there are frequent sick fits or vomitings of bile, and the bowels are costive, though sometimes purged; then, the stools are fœtid, dark-coloured, or green, and the child complains of the head. In the evening the face is flushed, and

the skin hot, and soon the disease is formed. Sometimes the disease invades more suddenly, or with scarcely any previous indisposition. The child is chilly, whilst the skin is hot; complains of the head, especially the forehead,—this causes frowning. Sometimes the side of the head or the neck is complained of; in others no pain in the head is acknowledged. Convulsions are sometimes one of the first symptoms, but generally do not appear until the disease is far advanced. The child can seldom be kept out of bed, the eyes are usually very sensible to light, and the pupil is contracted. The headache is constant, and produces moaning, or the child lies silent or unwilling to speak, even to ask for drink. There is vomiting of bile, and whatever is taken is without appetite; the thirst is variable, the tongue white. The bowels are costive in older children, but with infants there is purging of green and fœtid matter. The sleep is broken, and frequently interrupted, as if by a frightful dream: the child starts,

grinds the teeth, picks the nose, which causes the disease sometimes to pass for worms. If the disease is rapid in its progress, the pulse is quick. In about eight days the pupil of the eye is dilated, the child squints a little, and the eye is not so sensible to light. Gradually the pupil of the eye is more dilated, and the eye is still less sensible to light. The headache is less, but the child often cries or screams out. Delirium frequently comes on, but sometimes the child is sensible until stupor supervenes. In two or three days the pulse is again quick, the pupil still more dilated; but still the child may be able to see. The oppression of the brain now increases, the pulse is weak and quick, the eyes squint, the sight is lost, and the urine and fæces pass involuntarily. The breathing becomes stertorous, and the child dies; or, sinking from weakness, remains sensible to the last; or, having been delirious and insensible, recovers intellect and sensibility for a short time before death. In the course of this disease, the cheeks are now flushed,

now pallid; and often, in the second stage, one side is more or less lost the use of. Convulsions may come on at any period. The disorder is generally worse during the night. The child complains of being giddy when the head is raised.

This disease in children above two years old often continues twenty-one days, but in younger infants it is sometimes fatal on the fourth or fifth day.

Infants cannot give an account of their feelings; but the disease is to be suspected when the infant has high fever, vomiting, with costiveness or purging; lies oppressed, and apparently sick, with the eyes obstinately shut; dislikes the light; puts its hand often to its head, as if to rub something off; has starting and spasms, and awakes as if terrified, and sucks or drinks with great rapidity. The motions, when procured, are dark green, and form a gelatinous mass, not fœtid to the smell.

Hydrocephalus may be excited by blows or falls on the head, exposure

to cold, violent exertion, passion, the sudden drying up of a discharge from the scalp or ears, or by other diseases, as hooping cough, scarlet fever, &c.

It may be remarked, that there is predisposition to this disease in some families. When it is known to be a family disease, every means should be used to strengthen the constitution, such as the use of the cold bath, light nourishing food, country air, exercise, and strict attention to the bowels. If the child is full of blood, and has momentary fits of insensibility, or the slightest and most transient convulsions or paralysis, the bowels must be kept loose, and a small issue kept open near the head. No eruption near the head should be healed suddenly. The first symptoms of the disease should be watched and checked; it is better even to use remedies too soon than be blamed for neglecting them until too late. Hydrocephalus, in the first stages, is an inflammation of the brain, and requires very vigorous treatment, which it would be useless to lay down

in a work of this sort. It is not until the last stage that water is thrown out, and then it may properly be called water in the head.

CHRONIC HYDROCEPHALUS comes on more slowly; it seems sometimes to be gradually approaching from birth, the child being dull, subject to frequent fits of stupor or drowsiness, and the head enlarging faster than it ought to do. In others the child is at first pretty healthy, and it is some years before symptoms of the disease appear. At first the child is duller than usual; there is slight fever and pain in the head, sometimes constant but moderate, sometimes in fits like headache, accompanied by sickness and vomiting, will not play much, soon tires of toys, and wishes to lie down; the appetite gradually fails, and food sickens or is rejected by vomiting, the headache becomes more painful and constant, and there is, perhaps, giddiness, and pain and stiffness of neck; the skin is rather hot, the pulse is at first frequent and irregular, though sometimes it is un-

usually slow; the bowels are costive, and the urine is passed with pain and difficulty; the eyes are dull and languid, the vision is indistinct or double. After a continuance for some time of this train of disease the size of the head enlarges greatly, if the bones have not united, and the veins of the scalp are turgid; the body wastes, and the child gets weak. The child may live months in this state; sometimes the disease is checked, and the child lives for years with a large head, and sometimes in a state of idiotism. In general, in a few weeks or months the symptoms of compression of the brain become distinct. The pupil of the eye is dilated, the child squints, the limbs are paralytic and convulsed, the urine is suppressed, the pulse is full and slow, and soon becomes weak and fluttering; the patient dies in a stupor, with stertorous breathing.

In infancy we may discover the disease by the unhealthy look of the child, and the frequent application of the hand to the head, which is often

larger and feels heavier than usual, even before water be formed. There are also drowsy fits, and sometimes convulsions, vomiting, and awaking terrified from sleep; at the same time there seems no tendency to teething. Afterwards the size of the head indicates the disease more fully.

It would not be deemed prudent or necessary to lay down the treatment required. It is very complicated, and sometimes requires the delicate operation of puncturing the brain to let out the water. The presence of a medical man in each form of this complaint is imperatively demanded, and the sooner he is applied to the better.

ON THE MANAGEMENT OF CHILDREN.—The management of infants has already been laid down in the former part of this work; the author, however, is reluctant to take leave of his readers without giving a few words of advice to them on the management of their older offspring. The virtue of cleanliness it is hardly necessary to dwell upon; suffice it to

say, that children derive much benefit from being washed all over the body every morning with tepid water. They should afterwards be rubbed dry with a coarse towel. This proceeding is very conducive to health, much improves the personal appearance, and adds strength to the frame. If the child is of a scrofulous habit, sea water, or water in which salt is dissolved, is preferable.

The dress of children should be in some measure regulated by the season of the year; but it should always be easy and warm. Some authors have advised that children should wear thin shoes, and thus get wet feet, to harden them. Unfortunately many lives are lost in this process of hardening; neither do we see that the children of the poor, who are barefooted, are at all in better health than those of the superior classes.

Children should be allowed to run about much, and be in the air the greater part of the day. They can hardly take too much exercise.

Parents should not be over-anxious to commence the work of education. Many children are ruined in health, bodily and mental, by the hot-bed system of education now in vogue. It is better that little creatures of four, five, or six years of age should be *dunces* than that they should have their bodily vigour lost, and their mental energy, in after life, endangered by being employed in the school-room, undergoing the process of manufacturing into precocious prodigies, when they should be remaining free as the air in the green fields and pleasant woods.

The diet of childhood should be simple, and consist for the most part of good bread, potatoes, a little meat, and milk; but the error in diet more frequently is in the quantity than in the quality of the food. Over-feeding is a rife source of disease in childhood. Much fruit or many cakes and sweetmeats are injurious, as also are all wines, ale, porter, &c., in however small a quantity. Attention should be paid to the bowels of children; they

should generally have two evacuations a day.

The great thing then to have healthy children is to keep them clean and warm, give them plenty of air and exercise, few sweetmeats, sufficient, but not over much, plain food, and attention to the bowels. If these hints are acted upon, the visits of the medical attendant will be much curtailed in number, and the health of children greatly improved.

The mother's boudoir is frequently the scene upon which might be witnessed (were its secrets observable) much anxiety, much suffering, and very often tears; the object of the author is to prevent anxiety and suffering and to remove all occasion for tears. Sickness and death will take place in spite of the greatest skill; but very many tears might be saved by a little knowledge; this the author has supplied, with the hope that his object will be accomplished thereby.

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